Standard Insurance Company PHONE (503) 321-7598 FAX (503) 321-7437

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Standard Insurance Company PHONE (503) 321-7598 FAX (503) 321-7437

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muld from SanFran -> (A MOCt.

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Standard Insurance Company PHONE (503) 321-7598 FAX (503) 321-7437

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Slelp

Not Patrius Broyles el vous aut 6 Arie Wed 1/8/6.

Standard Insurance Company PHONE (503) 321-7598 FAX (503) 321-7437

2/8/6 1,40

No: Dutty Brugles (707) 2572-9258

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Nei Pr PleBour Sem 1/21106 more surgery
pending, as well as thee replacement
Scheduled in Hench War Shiplett in
Napa.

Standard Insurance Company PHONE (503) 321-7598 FAX (503) 321-7437

2/7/6 10:28

Re: Patricia Brayles

(310)3580657

VM from Dr Prebbers office (Swan)

was Ethis objice & last week but pt: from up North will take

b Services.
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Standard Insurance Company PHONE (503) 321-7598 FAX (503) 321-7437

Moloo Ne: Patricia Brogles

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Standard Insurance Company PHONE (503) 321-7598 FAX (503) 321-7437

2016 Nº Patricia Brugles

Services, Siv answering service.

Left name, co, patient a 800#.

Need confirm dates of service as

not certain y medical records

Need are complete - please call.

The Standard^s

	То
	Date 2/6/6
Caller Patricia Breyers	
Phone (907-252-9858 Ext	
Claimant	
Policyowner	
Group Office	
Other (vendor, doctor, personal)	(Claimant name if different from caller)
☐ CALL BACK ☐ Will call again ☐ Retu	·
MESSAGE:	
☐ Wants status of claim	Death notice
☐ Check inquiry/lost check Proclaim shows: ☐ no check Check dated	Check amount
☐ New phone number	☐ Change of address: (see below)
☐ Please send: (see below)	☐ Ben award rec'd. Type: (see below)
☐ Did analyst receive	
(i.e. APS, SS noti	ce, claims forms, etc.)
	ć
Signed:	
RESPONSE:	• • • • • • • • • • • • • • • • • • • •
	(Use back if needed)
Date Time	Analyst
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Standard Insurance Company PHONE (503) 321-7598 FAX (503) 321-7437

216/6 21:00 M: Patricia Bryles PC to Por Pfelber's ffire M: Nelads I Date Servie. Got answrig service They are but between 12-2 hunde ul will by buck.

	То
	Date 0/3/6
Caller Unna Caul Cup	Time <u>/03</u>
Phone (707) 2579700 Ext 255	RE:
T Claimant Repricia BruyCes	Policy #
☐ Policyowner	Claim #
☐ Group Office	Member SS#
Other (vendor, doctor, personal)	(Claimant name if different from caller)
☐ CALL BACK ☐ Will call again ☐ Return	ed call 🔲 Just FYI
MESSAGE:	
☐ Wants status of claim	☐ Death notice
☐ Check inquiry/lost check Proclaim shows: ☐ no check Check dated	Check amount
☐ New phone number	☐ Change of address: (see below)
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Standard Insurance Company PHONE (503) 321-7598 FAX (503) 321-7437

2/3/6
Ne: Paricia Broyles
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Newords a gross earning from Febor
Ne present. Left fax # 4 500#,

From:

apsinfo@iabone.com

Sent:

Thursday, February 02, 2006 7:03 AM

To:

Shannon Teed

Subject:

Email update on APS order applicant PATRICIA BROYLES

LabOne INC 800 NW Chipman Road Suite 5900 Lee's Summit, MO 64063

The following medical records were received and imaged by LabOne APS Services. You may view or download the records immediately at aps.labone.com

Applicant Name - PATRICIA BROYLES From Doctor - GLENN PFEFFER Policy Number - 375832 OrderID - 60032459 Requestor Name - Shannon Teed

If you have any questions, please call 888-521-2004 or email APSinfo@LabOne.com. Thank you for your business!

This transmission (and any information attached to it) may be confidential and is intended solely for the use of the individual or entity to which it is addressed. If you are not the intended recipient or the person responsible for delivering the transmission to the intended recipient, be advised that you have received this transmission in error and that any use, dissemination, forwarding, printing, or copying of this information is strictly prohibited. If you have received this transmission in error, please immediately notify LabOne at the following email address: Securityincidentreporting@LabOne.com

Standard Insurance Company PHONE (503) 321-7598 FAX (503) 321-7437 Le Parrier Bryles SWER anna. She notes that she will Sund pay vibo (gross larnings) & time who mouth by nouth han Tels 05 = present Su notes & not now here. She is employed by Monte cello adjusting Since date on The 101 of Huy had prier autract WISIC until their merged whole exb 41/05 @ which time Cloud. under AUL K 19812. Stre hear been number us montécelles since DOTS. le: Salaren history :-

The Standard™

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ell 9/13/05 V \$ 3306.80 (NO Supernsory)

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Standard Insurance Company PHONE (503) 321-7598

Mi Patricia Brisles

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The Standard™

Case 3:07-cv-05305-MMC Document 33-2 Filed 06/30/2008 Page 16 of 118

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SCI



February 1, 2006

Patricia Broyles 3321 Anita Ct Napa CA 94558

Re:

AUL Corporation Group Policy 623691 Claim No. 00375832

Dear Ms. Broyles:

We are writing to update you on the status of your claim for long term disability (LTD) benefits.

The initial review of your disability claim has been completed; however, we are unable to complete our investigation at this time because we need to obtain additional information before we can complete our review.

As explained in prior correspondence (copy enclosed), we are investigating whether you meet your policy's Definition of Disability. We had requested your medical records from Dr Glenn Pfeffer. Additionally, I am awaiting clarification from your employer regarding your salary and other compensation received since your cease work.

Therefore, additional time is needed to complete our investigation. In the event we are unable to obtain this information by March 3, 2006, we will be contacting you to request your assistance.

We understand the importance of making a timely decision on your claim and will keep you informed about the progress of our investigation on a regular basis. When all necessary information is received, we will promptly complete the review of your claim and notify you of the claim decision.

Thank you for your cooperation and patience. Please feel free to call me with any questions.

Sincerely,

Shannon Teed
Disability Benefits Analyst
Employee Benefits Department
(800) 368-1135 ext. 7598

Enclosures

900 SW Fifth Avenue Portland OR 97204-1235 tel 888.937.4783



December 30, 2005

Patricia Broyles 3321 Anita Ct Napa CA 94558

Re:

. "

AUL Corporation Group Policy 623691 Claim No. 00375832

Dear Ms. Broyles:

We are writing to update you on the status of your claim for long term disability (LTD) benefits.

The initial review of your disability claim has been completed; however, we are unable to complete our investigation at this time because we need to obtain additional information before we can complete our review.

We are investigating whether you meet your policy's Definition of Disability, a copy of which is attached. Your Group Policy defines disability as follows:

DEFINITION OF DISABILITY

You are Disabled if you meet the following definitions during the periods they apply:

- A. Own Occupation Definition Of Disability
- B. Any Occupation Definition Of Disability
- A. Own Occupation Definition Of Disability

During the Benefit Waiting Period and the Own Occupation Period you are required to be Disabled only from your Own Occupation.

You are Disabled from your Own Occupation if, as a result of Physical Disease, Injury, Pregnancy or Mental Disorder:

- 1. You are unable to perform with reasonable continuity the Material Duties of your Own Occupation; and
- 2. You suffer a loss of at least 20% in your Indexed Predisability Earnings when working in your Own Occupation.

900 SW Fifth Avenue Portland OR 97204-1235 tel 888.937.4783

STANDARD INSURANCE COMPANY

Patricia Broyles

2

December 30, 2005

Note: You are not Disabled merely because your right to perform your Own Occupation is restricted, including a restriction or loss of license.

During the Own Occupation Period you may work in another occupation while you meet the Own Occupation Definition Of Disability. However, you will no longer be Disabled when your Work Earnings from another occupation meet or exceed 80% of your Indexed Predisability Earnings. Your Work Earnings may be Deductible Income. See Return To Work Provisions and Deductible Income.

Own Occupation means any employment, business, trade, profession, calling or vocation that involves Material Duties of the same general character as the occupation you are regularly performing for your Employer when Disability begins. In determining your Own Occupation, we are not limited to looking at the way you perform your job for your Employer, but we may also look at the way the occupation is generally performed in the national economy. If your Own Occupation involves the rendering of professional services and you are required to have a professional or occupational license in order to work, your Own Occupation is as broad as the scope of your license.

Material Duties means the essential tasks, functions and operations, and the skills. abilities, knowledge, training and experience, generally required by employers from those engaged in a particular occupation that cannot be reasonably modified or omitted. In no event will we consider working an average of more than 40 hours per week to be a Material Duty.

В. Any Occupation Definition Of Disability

During the Any Occupation Period you are required to be Disabled from all occupations.

You are Disabled from all occupations if, as a result of Physical Disease, Injury, Pregnancy or Mental Disorder, you are unable to perform with reasonable continuity the Material Duties of Any Occupation.

Any Occupation means any occupation or employment which you are able to perform. whether due to education, training, or experience, which is available at one or more locations in the national economy and in which you can be expected to earn at least 60% of your Indexed Predisability Earnings within 12 months following your return to work, regardless of whether you are working in that or any other occupation.

Material Duties means the essential tasks, functions and operations, and the skills, abilities, knowledge, training and experience, generally required by employers from those engaged in a particular occupation that cannot be reasonably modified or omitted. In no event will we consider working an average of more than 40 hours per week to be a Material Duty.

Your Own Occupation Period and Any Occupation Period are shown in the Coverage Features.

Patricia Broyles

3

December 30, 2005

Standard Insurance Company will be requesting, on your behalf, your medical records from Dr Glenn Pfeffer. I will also be contacting your employer for clarification of your salary and other compensation received since your cease work.

While Standard Insurance Company is requesting this information on your behalf, the responsibility to provide this proof of loss remains yours. In the event we are unable to obtain this information by February 1, 2006, we will be contacting you to request your assistance.

We understand the importance of making a timely decision on your claim and will keep you informed about the progress of our investigation on a regular basis. When all necessary information is received, we will promptly complete the review of your claim and notify you of the claim decision.

Thank you for your cooperation and patience. Please feel free to call me with any questions.

Sincerely,

Shannon Teed Disability Benefits Analyst Employee Benefits Department (800) 368-1135 ext. 7598

Enclosures



STANDARD INSURANCE COMPANY

A Stock Life Insurance Company 900 SW Fifth Avenue Portland, Oregon 97204-1282 (503) 321-7000

People. Not Just Policies.®

GROUP LONG TERM DISABILITY INSURANCE STATEMENT OF COVERAGE

Policyowner:

Fleet National Bank, Trustee of

Employer:

A.U.L. CORPORATION

The Standard Insurance

Company Group

Policy Number:

638213-T

Group Number

623691-C

Policy Effective Date: August 1, 1999

Employer Effective Date:

January 1, 2000

The Group Policy has been issued to the Policyowner. An employer must apply for group long term disability insurance coverage under the Group Policy and join the Standard Insurance Company Group Insurance Trust by submitting a completed application and agreeing to pay premiums. No Employer's coverage under the Group Policy is in effect until approved in writing by us.

The Group Policy contains numerous optional and variable provisions. The options and variables we have approved for the Employer's coverage under the Group Policy are contained in this Statement Of Coverage. Only those provisions of the Group Policy which appear in this Statement Of Coverage will apply to the Employer's coverage under the Group Policy. All provisions on this and the following pages are part of the Statement Of Coverage.

The consideration for the Employer's coverage under the Group Policy is the application of the Employer and the payment by the Employer of premiums as provided herein.

Subject to the Policyowner And Employer Provisions and the Incontestability Provisions, the Employer's coverage under the Group Policy (a) is effective for the Initial Rate Guarantee Period shown in the Coverage Features, and (b) may be renewed for successive renewal periods by the payment on each renewal date, provided the number of persons insured on each renewal date is neither less than the Minimum Participation shown in the Coverage Features. The length of successive renewal periods will be determined by us, but will not be less than 12 months. For purposes of effective dates and ending dates under the Group Policy, all days begin and end at 12:00 midnight Standard Time (a) at the Employer's address with respect to the Employer and (b) at the Policyowner's address with respect to the Policyowner.

The terms "you" and "your" mean the Member. "We", "us", and "our" mean Standard Insurance Company. Other defined terms appear with their initial letters capitalized. Section headings, and references to them, appear in boldface type.

STANDARD INSURANCE COMPANY

By

mald & Vinge

Corporate Secretary

GP399-LTD/TRUST

Printed on recycled paper.

REINSTATEMENT OF INSURANCE

If your insurance ends, you may become insured again as a new Member. However, the following will apply:

- 1. If you cease to be a Member because of a covered Disability, your insurance will end; however, if you become a Member again immediately after LTD Benefits end, the Eligibility Waiting Period will be waived and, with respect to the condition(s) for which LTD Benefits were payable, the Preexisting Condition Exclusion will be applied as if your insurance had remained in effect during that period of Disability.
- If your insurance ends because you cease to be a Member for any reason other than a covered Disability, and if you become a Member again within 90 days, the Eligibility Waiting Period will be waived.
- 3. If your insurance ends because you fail to make a required premium contribution, you must provide Evidence Of Insurability to become insured again.
- 4. If your insurance ends because you are on a federal or state-mandated family or medical leave of absence, and you become a Member again immediately following the period allowed, your insurance will be reinstated pursuant to the federal or state-mandated family or medical leave act or law.
- 5. The Preexisting Conditions Exclusion will be applied as if insurance had remained in effect in the following instances:
 - a. If you become insured again within 90 days.
 - b. If required by federal or state-mandated family or medical leave act or law and you become insured again immediately following the period allowed under the family or medical leave act or law
- 6. In no event will insurance be retroactive.

LT.RE.OT.1

DEFINITION OF DISABILITY

You are Disabled if you meet the following definitions during the periods they apply:

- A. Own Occupation Definition Of Disability.
- B. Any Occupation Definition Of Disability.
- A. Own Occupation Definition Of Disability

During the Benefit Waiting Period and the Own Occupation Period you are required to be Disabled only from your Own Occupation.

You are Disabled from your Own Occupation if, as a result of Physical Disease, Injury, Pregnancy or Mental Disorder:

- 1. You are unable to perform with reasonable continuity the Material Duties of your Own Occupation; and
- You suffer a loss of at least 20% in your Indexed Predisability Earnings when working in your Own Occupation.

Note: You are not Disabled merely because your right to perform your Own Occupation is restricted, including a restriction or loss of license.



During the Own Occupation Period you may work in another occupation while you meet the Own Occupation Definition Of Disability. However, you will no longer be Disabled when your Work Earnings from another occupation meet or exceed 80% of your Indexed Predisability Earnings. Your Work Earnings may be Deductible Income. See Return To Work Provisions and Deductible Income.

Own Occupation means any employment, business, trade, profession, calling or vocation that involves Material Duties of the same general character as the occupation you are regularly performing for your Employer when Disability begins. In determining your Own Occupation, we are not limited to looking at the way you perform your job for your Employer, but we may also look at the way the occupation is generally performed in the national economy. If your Own Occupation involves the rendering of professional services and you are required to have a professional or occupational license in order to work, your Own Occupation is as broad as the scope of your license.

Material Duties means the essential tasks, functions and operations, and the skills, abilities, knowledge, training and experience, generally required by employers from those engaged in a working an average of more than 40 hours per week to be a Material Duty.

B. Any Occupation Definition Of Disability

During the Any Occupation Period you are required to be Disabled from all occupations.

You are Disabled from all occupations if, as a result of Physical Disease, Injury, Pregnancy or Mental Disorder, you are unable to perform with reasonable continuity the Material Duties of Any Occupation.

Any Occupation means any occupation or employment which you are able to perform, whether due to education, training, or experience, which is available at one or more locations in the national economy and in which you can be expected to earn at least 60% of your Indexed Predisability Earnings within twelve months following your return to work, regardless of whether you are working in that or any other occupation.

Material Duties means the essential tasks, functions and operations, and the skills, abilities, knowledge, training and experience, generally required by employers from those engaged in a particular occupation that cannot be reasonably modified or omitted. In no event will we consider working an average of more than 40 hours per week to be a Material Duty.

Your Own Occupation Period and Any Occupation Period are shown in the Coverage Features.

(OWN_ANY_WITH 40) LT.DD.OT.1

RETURN TO WORK PROVISIONS

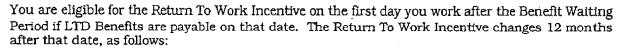
A. Return To Work Responsibility

During the Own Occupation Period no LTD Benefits will be payable for any period when you are able to work in your Own Occupation and able to earn at least 20% of your Indexed Predisability Earnings, but you elect not to work.

During the Any Occupation Period no LTD Benefits will be payable for any period when you are able to work in Any Occupation and able to earn at least 20% of your Indexed Predisability Earnings, but you elect not to work.

B. Return To Work Incentive

You may serve your Benefit Waiting Period while working if you meet the Own Occupation Definition Of Disability.



- 1. During the first 12 months, your Work Earnings will be Deductible Income as determined in a., b. and c:
 - a. Determine the amount of your LTD Benefit as if there were no Deductible Income, and add your Work Earnings to that amount.
 - b. Determine 100% of your Indexed Predisability Earnings.
 - c. If a. is greater than b., the difference will be Deductible Income.
- 2. After those first 12 months, 50% of your Work Earnings will be Deductible Income.

C. Work Earnings Definition

Work Earnings means your gross monthly earnings from work you perform while Disabled, plus the earnings you could receive if you worked as much as you are able to, considering your Disability, in work that is reasonably available:

- a. In your Own Occupation during the Own Occupation Period; and
- b. In Any Occupation during the Any Occupation Period.

Work Earnings includes earnings from your Employer, any other employer, or self-employment, and any sick pay, vacation pay, annual or personal leave pay or other salary continuation earned or accrued while working.

Earnings from work you perform will be included in Work Earnings when you have the right to receive them. If you are paid in a lump sum or on a basis other than monthly, we will prorate your Work Earnings over the period of time to which they apply. If no period of time is stated, we will use a reasonable one.

In determining your Work Earnings we:

- 1. Will use the financial accounting method you use for income tax purposes, if you use that method on a consistent basis.
- 2. Will not be limited to the taxable income you report to the Internal Revenue Service.
- 3. May ignore expenses under section 179 of the IRC as a deduction from your gross earnings.
- 4. May ignore depreciation as a deduction from your gross earnings.
- 5. May adjust the financial information you give us in order to clearly reflect your Work Earnings.

If we determine that your earnings vary substantially from month to month, we may determine your Work Earnings by averaging your earnings over the most recent three-month period. During the Own Occupation Period you will no longer be Disabled when your average Work Earnings over the last three months exceed 80% of your Indexed Predisability Earnings. During the Any Occupation Period you will no longer be Disabled when your average Work Earnings over the last three months exceed 60% of your Indexed Predisability Earnings.

LT.RW.OT.1

REASONABLE ACCOMMODATION EXPENSE BENEFIT

If you return to work in any occupation for any employer, not including self-employment, as a result of a reasonable accommodation made by such employer, we will pay that employer a Reasonable Accommodation Expense Benefit of up to \$25,000, but not to exceed the expenses incurred.



Document 33-2

Eligibility Waiting Period means the period you must be a Member before you become eligible for insurance.

Own Occupation Period:

The first 24 months for which LTD Benefits are paid.

Any Occupation Period:

From the end of the Own Occupation Period to the end of

the Maximum Benefit Period.

LTD Benefit:

60% of the first \$10,000 of your Predisability Earnings.

reduced by Deductible Income.

Maximum LTD Benefit:

\$6,000 before reduction by Deductible Income.

Minimum LTD Benefit:

\$100

Assisted Living Benefit:

An additional 40% of the first \$10,000 of your Predisability

Earnings, but not to exceed \$4,000. The Assisted Living

Benefit is not reduced by Deductible Income.

Benefit Waiting Period:

90 days

Maximum Benefit Period:

Determined by your age when Disability begins, as follows:

Age

Maximum Benefit Period

61 or youngerTo age 65, or 3 years 6 months, if longer.

62.....3 years 6 months

63...... 3 years

64: 2 years 6 months

65......2 years

66......1 year 9 months 67......1 year 6 months

68......1 year 3 months

69 or older......1 year

PREMIUM CONTRIBUTIONS

Insurance is:

Noncontributory

PREMIUM AND RENEWALS

Premium Rate:

0.640% of each insured Member's insured Predisability

Earnings up to \$10,000.

Premium Due Dates:

January 1, 2000 and the first day of each calendar month

thereafter.

Initial Rate Guarantee Period:

Policy:

Not applicable

Employer Participation:

January 1, 2000 to February 1, 2002

From the desk of:

1/17/2006 10:34 AM

Joanna Burton

Re: PATRICIA A BROYLES

Member SS#: 557-92-5378

Claim #: 00375832

Policyholder: AUL CORPORATION

Group ID#: 10037483 Policy.#: 623691

P/C from claimant transferred by customer service - writer cover for S Teed. Managing analyst

Ms Broyles was on her way to her physician and wanted to know if there were additional forms she should be taking in. When asked if she had recently received an APS - she stated that Shannon was working through LabOne for additional info. I asked that she please request her doctor's office expedite our request if they have not already done so and send the records to LAbOne.

Page 1 of 1

THE STANDARD

From:

apsinfo@labone.com

Sent:

Tuesday, January 03, 2006 2:48 PM

To:

Shannon Teed

Subject:

Email update on APS order applicant PATRICIA BROYLES

LabOne INC 800 NW Chipman Road Suite 5900 Lee's Summit, MO 64063

We received your request for medical records.

Applicant Name - PATRICIA BROYLES From Doctor - GLENN PFEFFER Policy Number - 375832 OrderID - 60032459 Requestor Name - Shannon Teed

If you have any questions, please call 888-521-2004 or email APSinfo@LabOne.com. Thank you for your business!

	То
_	Date 184/06
Caller anna Callel Cor	Time 952
Phone (707) 2579700 Ext	
F Claimant Patrice Bray le	RE:
☐ Policyowner	(1077 - (1)
☐ Group Office	Member SS#
Other (vendor, doctor, personal)	
☐ CALL BACK ☐ Will call again ☐ Retu	urned call
MESSAGE:	
☐ Wants status of claim	☐ Death notice
☐ Check inquiry/lost check Proclaim shows: ☐ no check Check dated	Check amount
☐ New phone number	Change of address: (see below)
Please send: (see below)	☐ Ben award rec'd. Type: (see below)
☐ Did analyst receive	
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,	(Use back if needed)
DateTime	Analyst

Standard Insurance Company PHONE (503) 321-7598 FAX (503) 321-7437

1:4106 Ni. Patricia Breyles

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The Standard™

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Standard Insurance Company PHONE (503) 321-7598 FAX (503) 321-7437

Li. Purcia Bryles
LA + Fils The w) or Ffether. I asked
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NO Only SonFran. I asked her
to fravend this address for SonFran.
She doents have it. I indicated
it way solary - we will let her
Knew if portslem Yaddress - de.

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	То
<i>A</i> -	Date 1/3/6
caller Patricia Brugges	
Phone (707) 2529258 Ext	RE:
☐ Claimant	Policy #
☐ Policyowner	
Group Office	
(vendor, doctor, personal)	(Claimant name if different from caller)
☐ CALL BACK ☐ Will call again ☐ Retu	rned call Ust FYI
MESSAGE:	
☐ Wants status of claim	☐ Death notice
☐ Check inquiry/lost check Proclaim shows: ☐ no check Check dated	Check amount
☐ New phone number	☐ Change of address: (see below)
Please send: (see below)	☐ Ben award rec'd. Type: (see below)
☐ Did analyst receive	
•	ice, claims forms, etc.)
re: det dis - Sh	is clesateled
Signed:	
RESPONSE:	
	(Use back if needed)
Date Time	Analyst

MODE = MEMORY TRANSMISSION

START=JAN-03 15:21

END-JAN-03 15:23

FILE NO. = 164

STN NO.

COM ABER NO.

STATION NAME/TEL.NO.

PAGES DURATION

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-STANDARD INS GROUP LTD -

******** -503 321 7437 - **** -503 321 7437- **********

Fax

Date: 1-3-06

To: LabOne

From: Shannon Teed

including this cover Pages:

Fax: (888) 368-9545

Phone:

Fax: (503) 321-7437

Phone: (800) 368-1135 ext. 7598

Subject: Authorization(s) for APS Request

☐ General Authorization attached.

□ Psychotherapy Authorization attached.

Claimant_ Patricia Broyles

Order Number (s) 60032459

Confidentiality Notice: Do not rend this document if you are not the intended recipient. This document and any documents or other attachments may contain confidential information. If you are not the intended recipient, or a person responsible for delivering it to the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of any information contained in or attached to this transmission is artisty prohibited. If you have received this transmission in error, please immediately notify the sender by telephone and destroy the original transmission and its attachments without reading or saving in any manner. Thank you.

900 SW Fifth Avenue Portland OR 97204 (pl 888.937.4783

Standard Insurance Company - A subsidiary of StanCorp Financial Group, Inc.



Fax

Date: 1-3-06 To: LabOne

From: Shannon Teed

Subject: Authorization(s) for APS Request

Pages: including this cover

Fax: (888) 368-9545

Phone:

Fax: (503) 321-7437

Phone: (800) 368-1135 ext. 7598

☐ General Author	rization attached.
☐ Psychotherapy	Authorization attached.
For	
Claimant P	atricia Broyles
Order Number (s)	60032459
_	

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900 SW Fifth Avenue Portland OR 97204 tel 888.937.4783



Order Confirmation

Order Detail

Order ID

60032459

Patient Information

First Name

Patricia

SSN

557-92-5378

Last Name

Broyles

DOB

11/15/1953

Special Instructions

Physician/Facility Information

Physician Name

Glenn Pfeffer

Phone Number

Facility Name

Patient/Kalser Number

Address

444 So San Vicente Suite 603

City

Los Angeles

State ÇA Zip

90048

Special Instructions

All med. records, progress/therapy notes, referral info., prescribed meds, lab/diagnostic test results, op. reports. Hospitals incl. Admit Hx, Phys. Exam & Disch. Summary. Please include only information from 1-1-05 to the present.

Case Information

Carrier

Standard Insurance Company

Broker

Carrier Policy

Number

375832

Broker Policy

Number

Requestor

Teed, Shannon

Routing Number

BBB

Email

steed@standard.com

Phone

503-321-7598

Account Number

1522

Product

APS

Agent Name

Followup

Standard

Email

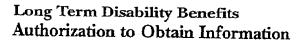
Phone

Date Order Added

1/3/2006 4:12:40 PM

Please fax the Authorization to (800) 997-2771 and include a copy of this confirmation page with the fax.





Standard Insurance Company, Employee Benefits Department PO Box 2800 Portland OR 97208-2800 800.368.1135 Tel 503.321.8400 Fax

I AUTHORIZE THESE PERSONS having any records or knowledge of me or my health:

- Any physician, medical practitioner or health care provider.
- Any hospital, clinic, pharmacy or other medical or medically related facility or association.
- Any insurance or annuity company.
- Any employer or plan sponsor.
- Any organization or entity administering a benefit program or an annuity program.
- Any educational, vocational or rehabilitational organization or program.
- Any consumer reporting agency, financial institution, accountant, or tax preparer.
- Any government agency (for example, Social Security Administration, Public Retirement System, Railroad Retirement Board, etc.)

TO GIVE THIS INFORMATION:

- Charts, notes, x-rays, operative reports, lab and medication records and all other medical information about me, including medical history, diagnosis, testing and test results. Prognosis and treatment of any physical or mental condition, including:
 - Any disorder of the immune system, including HIV, Acquired Immune Deficiency Syndrome (AIDS) or other related syndromes or complexes.
 - Any communicable disease or disorder.
 - Any psychiatric or psychological condition, including test results, but excluding psychotherapy notes. Psychotherapy notes do not include a summary of diagnosis, functional status, the treatment plan, symptoms, prognosis and progress to date.
 - Any condition, treatment, or therapy related to substance abuse, including alcohol and drugs.
 and:
- Any non-medical information requested about me, including such things as education, employment history, earnings
 or finances, or eligibility for other benefits including retirement benefits and retirement plan contributions (for
 example, Social Security Administration, Public Retirement Systems, Railroad Retirement Board, claims status, benefit amounts and
 effective dates, etc.).

TO STANDARD INSURANCE COMPANY.

- I acknowledge that any agreements I have made to restrict my protected health information do not apply to this
 authorization and I instruct the persons and organizations identified above to release and disclose my entire medical
 record without restriction. I understand that The Standard will use the information to determine my eligibility or
 entitlement for insurance benefits.
- I understand and agree that this authorization shall remain in force throughout the duration of my claim for benefits
 with The Standard. I understand that I have the right to refuse to sign this authorization and a right to revoke this
 authorization at any time by sending a written statement to The Standard, except to the extent it has been relied upon
 to disclose requested records. A revocation of the authorization, or the failure to sign the authorization, may impair
 The Standard's ability to evaluate or process my claim and may be a basis for denying my claim for benefits.
- I understand that in the course of conducting its business, The Standard may disclose to other parties information it has about me. The Standard may release this information about me to a reinsurer, a plan administrator many person performing business or legal services for The Standard in connection with my claim.
- I understand that The Standard complies with state and federal laws and regulations enacted to protect my privacy. I also understand that the information disclosed to The Standard pursuant to this authorization may be subject to redisclosure with my authorization or as otherwise permitted or required by law. (Disability interpreted is not subject to the Privacy Rules of the Health Insurance Portability and Accountability Act (HIPAA) and therefore interpreted information to The Standard is not protected under the Act.)
- I acknowledge that I have read the authorization and the state variations (if applicable) on page 7. A photocopy or
 facsimile of this authorization is as valid as the original and will be provided to me upon request.

Patrician A BroyEs	351 92 5378
Name (please print)	Social Security No.
Signature of Claimant/Guardian/Representative	1/28/05
organization of Galiffant/Guardian/Representative	Date

This Authorization is a two-page document. Please see page 7 for additional terms and information. Both pages are part of the Authorization.

WORK REQU	
Analyst: Teed	Date:13130705
CLAIMANT: P. Brayles	Need by:
Fax:	·
Copy:	- 000 (4CH
Send Medical Request to the following: DATES:	
EMSI (Form and Authorization attached)_	
Claim closed MBP/send to waiver	
CLI Approval/Denial and dictate Approval	Letters
CLI Set-Up	•
EPIC Corrections	·
Amount of Insurance	
Claimant Insurance Effective Date	- · · · · · / A
Class Description	L0032459
Annual Earnings	600
Evidence Required	
Send to Waiver Department	
Survivor Benefit	·
Send Waiver Claim to Life Department	•
Proclaim Changes	
Other	
Completed by: Kalen Cetikanp	
Date: 1-3-06	
113,72005	

GC y



December 30, 2005

Patricia Broyles 3321 Anita Ct Napa CA 94558

Re:

AUL Corporation Group Policy 623691 Claim No. 00375832

Dear Ms. Broyles:

We are writing to update you on the status of your claim for long term disability (LTD) benefits.

The initial review of your disability claim has been completed; however, we are unable to complete our investigation at this time because we need to obtain additional information before we can complete our review.

We are investigating whether you meet your policy's Definition of Disability, a copy of which is attached. Your Group Policy defines disability as follows:

DEFINITION OF DISABILITY

You are Disabled if you meet the following definitions during the periods they apply:

- A. Own Occupation Definition Of Disability
- B. Any Occupation Definition Of Disability
- A. Own Occupation Definition Of Disability

During the Benefit Waiting Period and the Own Occupation Period you are required to be Disabled only from your Own Occupation.

You are Disabled from your Own Occupation if, as a result of Physical Disease, Injury, Pregnancy or Mental Disorder:

- 1. You are unable to perform with reasonable continuity the Material Duties of your Own Occupation; and
- 2. You suffer a loss of at least 20% in your Indexed Predisability Earnings when working in your Own Occupation.

900 SW Fifth Avenue Portland OR 97204-1235 tel 888.937.4783

STANDARD INSURANCE COMPANY

Patricia Broyles

2

December 30, 2005

Note: You are not Disabled merely because your right to perform your Own Occupation is restricted, including a restriction or loss of license.

During the Own Occupation Period you may work in another occupation while you meet the Own Occupation Definition Of Disability. However, you will no longer be Disabled when your Work Earnings from another occupation meet or exceed 80% of your Indexed Predisability Earnings. Your Work Earnings may be Deductible Income. See Return To Work Provisions and Deductible Income.

Own Occupation means any employment, business, trade, profession, calling or vocation that involves Material Duties of the same general character as the occupation you are regularly performing for your Employer when Disability begins. In determining your Own Occupation, we are not limited to looking at the way you perform your job for your Employer, but we may also look at the way the occupation is generally performed in the national economy. If your Own Occupation involves the rendering of professional services and you are required to have a professional or occupational license in order to work, your Own Occupation is as broad as the scope of your license.

Material Duties means the essential tasks, functions and operations, and the skills, abilities, knowledge, training and experience, generally required by employers from those engaged in a particular occupation that cannot be reasonably modified or omitted. In no event will we consider working an average of more than 40 hours per week to be a Material Duty.

В. Any Occupation Definition Of Disability

During the Any Occupation Period you are required to be Disabled from all occupations.

You are Disabled from all occupations if, as a result of Physical Disease, Injury, Pregnancy or Mental Disorder, you are unable to perform with reasonable continuity the Material Duties of Any Occupation.

Any Occupation means any occupation or employment which you are able to perform, whether due to education, training, or experience, which is available at one or more locations in the national economy and in which you can be expected to earn at least 60% of your Indexed Predisability Earnings within 12 months following your return to work, regardless of whether you are working in that or any other occupation.

Material Duties means the essential tasks, functions and operations, and the skills, abilities, knowledge, training and experience, generally required by employers from those engaged in a particular occupation that cannot be reasonably modified or omitted. In no event will we consider working an average of more than 40 hours per week to be a Material Duty.

Your Own Occupation Period and Any Occupation Period are shown in the Coverage Features.

STANDARD INSURANCE COMPANY

Patricia Broyles

3

December 30, 2005

Standard Insurance Company will be requesting, on your behalf, your medical records from Dr Glenn Pfeffer. I will also be contacting your employer for clarification of your salary and other compensation received since your cease work.

While Standard Insurance Company is requesting this information on your behalf, the responsibility to provide this proof of loss remains yours. In the event we are unable to obtain this information by February 1, 2006, we will be contacting you to request your assistance.

We understand the importance of making a timely decision on your claim and will keep you informed about the progress of our investigation on a regular basis. When all necessary information is received, we will promptly complete the review of your claim and notify you of the claim decision.

Thank you for your cooperation and patience. Please feel free to call me with any questions.

Sincerely,

Shannon Teed Disability Benefits Analyst Employee Benefits Department (800) 368-1135 ext. 7598

Enclosures



A Stock Life Insurance Company 900 SW Fifth Avenue Portland, Oregon 97204-1282 (503) 321-7000

People. Not Just Policies. ®

GROUP LONG TERM DISABILITY INSURANCE STATEMENT OF COVERAGE

Policyowner:

Policy Number:

Fleet National Bank, Trustee of

Employer:

A.U.L. CORPORATION

The Standard Insurance

Company Group

638213-T

. Group Number

623691-C

Policy Effective Date: August 1, 1999

Employer Effective Date:

January 1, 2000

The Group Policy has been issued to the Policyowner. An employer must apply for group long term disability insurance coverage under the Group Policy and join the Standard Insurance Company Group Insurance Trust by submitting a completed application and agreeing to pay premiums. No Employer's coverage under the Group Policy is in effect until approved in writing by us.

The Group Policy contains numerous optional and variable provisions. The options and variables we have approved for the Employer's coverage under the Group Policy are contained in this Statement Of Coverage. Only those provisions of the Group Policy which appear in this Statement Of Coverage will apply to the Employer's coverage under the Group Policy. All provisions on this and the following pages are part of the Statement Of Coverage.

The consideration for the Employer's coverage under the Group Policy is the application of the Employer and the payment by the Employer of premiums as provided herein.

Subject to the Policyowner And Employer Provisions and the Incontestability Provisions, the Employer's coverage under the Group Policy (a) is effective for the Initial Rate Guarantee Period shown in the Coverage Features, and (b) may be renewed for successive renewal periods by the payment on each renewal date, provided the number of persons insured on each renewal date is neither less than the Minimum Participation shown in the Coverage Features. The length of successive renewal periods will be determined by us, but will not be less than 12 months. For purposes of effective dates and ending dates under the Group Policy, all days begin and end at 12:00 midnight Standard Time (a) at the Employer's address with respect to the Employer and (b) at the Policyowner's address with respect to the Policyowner.

The terms "you" and "your" mean the Member. "We", "us", and "our" mean Standard Insurance Company. Other defined terms appear with their initial letters capitalized. Section headings, and references to them, appear in boldface type.

STANDARD INSURANCE COMPANY

and E. Tinger

GP399-LTD/TRUST

Printed on recycled paper.



If your insurance ends, you may become insured again as a new Member. However, the following will apply:

REINSTATEMENT OF INSURANCE

- 1. If you cease to be a Member because of a covered Disability, your insurance will end; however, if you become a Member again immediately after LTD Benefits end, the Eligibility Waiting Period will be waived and, with respect to the condition(s) for which LTD Benefits were payable, the Preexisting Condition Exclusion will be applied as if your insurance had remained in effect during that period of Disability.
- 2. If your insurance ends because you cease to be a Member for any reason other than a covered Disability, and if you become a Member again within 90 days, the Eligibility Waiting Period will be waived.
- 3. If your insurance ends because you fail to make a required premium contribution, you must provide Evidence Of Insurability to become insured again.
- 4. If your insurance ends because you are on a federal or state-mandated family or medical leave of absence, and you become a Member again immediately following the period allowed, your insurance will be reinstated pursuant to the federal or state-mandated family or medical leave act
- 5. The Preexisting Conditions Exclusion will be applied as if insurance had remained in effect in the following instances:
 - a. If you become insured again within 90 days.
 - b. If required by federal or state-mandated family or medical leave act or law and you become insured again immediately following the period allowed under the family or medical leave act or
- 6. In no event will insurance be retroactive.

LT.RE.OT.1

DEFINITION OF DISABILITY

You are Disabled if you meet the following definitions during the periods they apply:

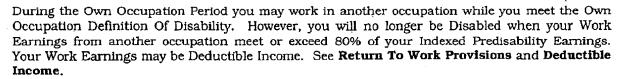
- A. Own Occupation Definition Of Disability.
- B. Any Occupation Definition Of Disability.
- A. Own Occupation Definition Of Disability

During the Benefit Waiting Period and the Own Occupation Period you are required to be Disabled only from your Own Occupation.

You are Disabled from your Own Occupation if, as a result of Physical Disease, Injury, Pregnancy or Mental Disorder:

- 1. You are unable to perform with reasonable continuity the Material Duties of your Own Occupation; and
- 2. You suffer a loss of at least 20% in your Indexed Predisability Earnings when working in your Own Occupation.

Note: You are not Disabled merely because your right to perform your Own Occupation is restricted, including a restriction or loss of license.



Own Occupation means any employment, business, trade, profession, calling or vocation that involves Material Duties of the same general character as the occupation you are regularly performing for your Employer when Disability begins. In determining your Own Occupation, we are not limited to looking at the way you perform your job for your Employer, but we may also look at the way the occupation is generally performed in the national economy. If your Own Occupation involves the rendering of professional services and you are required to have a professional or occupational license in order to work, your Own Occupation is as broad as the scope of your license.

Material Duties means the essential tasks, functions and operations, and the skills, abilities, knowledge, training and experience, generally required by employers from those engaged in a working an average of more than 40 hours per week to be a Material Duty.

B. Any Occupation Definition Of Disability

During the Any Occupation Period you are required to be Disabled from all occupations.

You are Disabled from all occupations if, as a result of Physical Disease, Injury, Pregnancy or Mental Disorder, you are unable to perform with reasonable continuity the Material Duties of Any Occupation.

Any Occupation means any occupation or employment which you are able to perform, whether due to education, training, or experience, which is available at one or more locations in the national economy and in which you can be expected to earn at least 60% of your Indexed Predisability Earnings within twelve months following your return to work, regardless of whether you are working in that or any other occupation.

Material Duties means the essential tasks, functions and operations, and the skills, abilities, knowledge, training and experience, generally required by employers from those engaged in a particular occupation that cannot be reasonably modified or omitted. In no event will we consider working an average of more than 40 hours per week to be a Material Duty.

Your Own Occupation Period and Any Occupation Period are shown in the Coverage Features.

(OWN_ANY_WITH 40) LT.DD.OT.1

RETURN TO WORK PROVISIONS

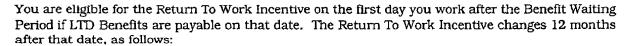
A. Return To Work Responsibility

During the Own Occupation Period no LTD Benefits will be payable for any period when you are able to work in your Own Occupation and able to earn at least 20% of your Indexed Predisability Earnings, but you elect not to work.

During the Any Occupation Period no LTD Benefits will be payable for any period when you are able to work in Any Occupation and able to carn at least 20% of your Indexed Predisability Earnings, but you elect not to work.

B. Return To Work Incentive

You may serve your Benefit Waiting Period while working if you meet the Own Occupation Definition Of Disability.



- 1. During the first 12 months, your Work Earnings will be Deductible Income as determined in a., b. and c:
 - a. Determine the amount of your LTD Benefit as if there were no Deductible Income, and add your Work Earnings to that amount.
 - b. Determine 100% of your Indexed Predisability Earnings.
 - c. If a. is greater than b., the difference will be Deductible Income.
- 2. After those first 12 months, 50% of your Work Earnings will be Deductible Income.

C. Work Earnings Definition

Work Earnings means your gross monthly earnings from work you perform while Disabled, plus the earnings you could receive if you worked as much as you are able to, considering your Disability, in work that is reasonably available:

- a. In your Own Occupation during the Own Occupation Period; and
- b. In Any Occupation during the Any Occupation Period.

Work Earnings includes earnings from your Employer, any other employer, or self-employment, and any sick pay, vacation pay, annual or personal leave pay or other salary continuation earned or accrued while working.

Earnings from work you perform will be included in Work Earnings when you have the right to receive them. If you are paid in a lump sum or on a basis other than monthly, we will prorate your Work Earnings over the period of time to which they apply. If no period of time is stated, we will use a reasonable one.

In determining your Work Earnings we:

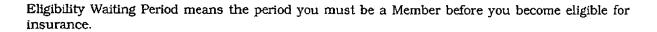
- 1. Will use the financial accounting method you use for income tax purposes, if you use that method on a consistent basis.
- 2. Will not be limited to the taxable income you report to the Internal Revenue Service.
- May ignore expenses under section 179 of the IRC as a deduction from your gross earnings.
- 4. May ignore depreciation as a deduction from your gross earnings.
- May adjust the financial information you give us in order to clearly reflect your Work Earnings.

If we determine that your earnings vary substantially from month to month, we may determine your Work Earnings by averaging your earnings over the most recent three-month period. During the Own Occupation Period you will no longer be Disabled when your average Work Earnings over the last three months exceed 80% of your Indexed Predisability Earnings. During the Any Occupation Period you will no longer be Disabled when your average Work Earnings over the last three months exceed 60% of your Indexed Predisability Earnings.

LT.RW.OT.1

REASONABLE ACCOMMODATION EXPENSE BENEFIT

If you return to work in any occupation for any employer, not including self-employment, as a result of a reasonable accommodation made by such employer, we will pay that employer a Reasonable Accommodation Expense Benefit of up to \$25,000, but not to exceed the expenses incurred.



Own Occupation Period:

The first 24 months for which LTD Benefits are paid.

Any Occupation Period:

From the end of the Own Occupation Period to the end of

the Maximum Benefit Period.

LTD Benefit:

60% of the first \$10,000 of your Predisability Earnings,

reduced by Deductible Income.

Maximum LTD Benefit:

\$6,000 before reduction by Deductible Income.

Minimum LTD Benefit:

\$100

Assisted Living Benefit:

An additional 40% of the first \$10,000 of your Predisability Earnings, but not to exceed \$4,000. The Assisted Living

Benefit is not reduced by Deductible Income.

Benefit Waiting Period:

90 days

Maximum Benefit Period:

Determined by your age when Disability begins, as follows:

Age

Maximum Benefit Period

61 or younger To age 65, or 3 years 6 months, if longer.

62......3 years 6 months

63.....3 years

64:...... 2 years 6 months

65......2 years

66......1 year 9 months 67......1 year 6 months 68......1 year 3 months

69 or older 1 year

PREMIUM CONTRIBUTIONS

Insurance is:

Noncontributory

PREMIUM AND RENEWALS

Premium Rate:

0.640% of each insured Member's insured Predisability

Earnings up to \$10,000.

Premium Due Dates:

January 1, 2000 and the first day of each calendar month

thereafter.

Initial Rate Guarantee Period:

Policy:

Not applicable

Employer Participation:

January 1, 2000 to February 1, 2002



PENDING	CLAIM	REVIEW

Claimant: Patricia Broyles

Claim #: 00375832

RECOMMENDATION TO PEND CLAIM:

Hx: 51 yr old female claims payable adjuster Hired: 7/16/01, Eff. date: 11/1/01 Pre-ex: NA

Dx: collapse foot (per APS)

Claimant ceased work in March 05 for a surgery 3/18/05 for tendon transfer w/heel bone removal & rod placement. Claimant indicates they removed tibialus tendon and achilles detached and took tendon from toe and 3 1/2" screw was placed back of heel/foot. Procedure was calcania osteotmy. Claimant notes despite Dr. recommendation, she returned to work full time, full duty, full salary on 4/11/05. SHe notes cast & wheelchair at that time. CLaimant notes that due to constant pain & swelling and eventual collapse of foot, claimant ceased work altogher on 9/14/05. Claimant has not RTW.

Roundtable with NCM and VCM. Per NCM - obtain medical records from Dr. Pfeffer 1/05 to present to clarify limitations and restrictions & what has changed in medical condition to lead to ceasework.

Need to contact employer for clarification salary & other compensation since cease work.

I recommend pending claim for to obtain medical records to clarify L&Rs, as well as contact with employer..

CLAIM PLAN / OBJECTIVES: Request medical records Contact ER

APPROVER'S COMMENTS:

Analyst: Shannon Teed	Date 12/28/2005
Approver:	Date / /

CLAIMANT NOTIFICATION LETTERS:

DATE CLAIM ASSIGNED	LETTER (DATE DUE	CATE LETTER SENT	Total pending days
	Initial status letter (Reason pending, plan, etc)	7 work days from assigned date			
	1 st extension	45 days			45 (SBA)
	1 st extension Toll?	Date Tolled:	Toll end date:	# days tolled:	XXXXXXX
	2 nd extension – consult supervisor at 90 days	75 days (75 + # days tolled)			75 (SBA)
	2 nd extension toll?	Date Tolled:	Toll end date:	# days tolled:	XXXXXXXX
	105 th Day deadline	105 days (105 + total # days tolled)		7	105

Records Request:

Shannon Teed

Standard Insurance Company PHONE (503) 321-7598 FAX (503) 321-7437

12/28/05

10. Parai Begyles

PCD claiment. She vites fros problems Sinc 4 8/2004. Hos Moldie What happened. Was of work in 12/17/04 + entire Kuden Snopped & Couldn't well, were specialist y end Dec OU. Had Surgery 3/18/08-remewed tibialus Kndon L'achilles detuchedtook Huderfram bot - There is 3th " Seven buck head (fort (permanent screw), She Notes priredure uns concania osnonny. She note Kuy remeved heal have c 450 angle. She had cast put in + ver in whilechair. She notes she Suburnd to were full Derry Full Schary on 4/11/05 u/cast/wheel Deair. She notes

The Standard™

Su worked kull nive full salary Until cease wire 9/14/05 Despito Cofficultus Miludy Sulling, pain, problems wandellaria. She notes Swelling has Issen prifuse, &, her whole host & call begin to swed. Her or felt she ktw to larly & 8h gnardet din regelest. Fout has JOHEN WESSE & now collapsed her ankle i an sound (?). Du notes du no severe sulling & extremo pain SM is not able to were Karcentrato. The note the pain is weretheling - She her regressed. She notes or Palcott 1st or Seen & only wisho in Small trum. Dr. Talcott reviewed mel & referred her to Or presser who 1st seen a Jan 07

Shannon Teed

Standard Insurance Company PHONE (503) 321-7598 FAX (503) 321-7437

12/28/05 Hryles 2/2

torresses her Disabets De Pfeller has NOT released her to see a cernet by the in her town on Shu Couphahas.

She notes at this time The is undependent ADL's (bather) transfer castrina, dress, eat, trulet); however state ofter Surgery One needled cognisories fram Sprist a reeded dulp tolkram work (druing). She notes She does some IAPUS (weres, er) but nust constantly Sugt weight a user a come when neided. She notes if but ho lay host Twells & it is purified to drive (she doesn't really drive this this? Ilu notes dos ibrief Climited Shapping but

The Standard[™]

NOT for big trips. The notes the needs to elevate less everythan, The tarkes Vicodin 2x/day.

She notes She were paid unt 1 9/15/5

Then SDI 9/15-15-12/15/05, the SDI

Extended now from 12/16/05-6/12/05,

She notes the got a Constriant bonus

Nies Dec 4 12/16/05 no other consusorm.

She notes that no Surgery

West & See of improve.

What & See of improve.

What & See of improve.

I had her parely medical to

will also consist the no. Other

will also consist the no.



Shannon Teed

Standard Insurance Company PHONE (503) 321-7598 FAX (503) 321-7437

memo to her

Re: 00375832

I was out of the office in thursday 12/2010 + Our Office was closed an Fridley 12/23/05 a monday 12/24/05. Shannon Teed

Standard Insurance Company PHONE (503) 321-7598 FAX (503) 321-7437

Meno to file

Nei 00375832 I was out of the More Friday 12/16/05.

The Standard[™]

CLAIM ASSIGNMENT DISTRIBUTION

	DUTION
	Nuels yellow tot
CLAIMANT	Patricia Broyles
CLAIM NUMBER	375832
DATE / TIME	12-16-05
ANALYST	Hanna Shanna
PROCESSOR	K. VELTKAMP

recor by Sitecd idials Am

Standard Insurance Company

503.321.8845 Tel PO Box 2800 Portland OR 97208-2800

Additional Information Request

Date: 12-19-05

AUL Corp

Attn: Anna Suesens 1000 Main St Suite 200 Napa CA 94559

EMPLOY	EE: Patricia Broyles
SOCIAL S	SECURITY NO.:
CLAIM N	O.: 00375832
Additiona	I information is needed for us to continue our processing of the above individual's disability claim.
	Please forward a copy of his/her job description.
	Please have the enclosed Job Analysis Form completed by the person best qualified to provide this information.
	Please forward copies of his/her most recent performance evaluation and record of absences for the past year.
	Please forward his/her original enrollment card for life insurance and/or LTD.
	Please forward a copy of his/her job application.
	Please let us know the last date through which sick leave was or will be paid.
	This individual has indicated he/she did not receive a brochure or certificate of coverage. Please forward a certificate to him/her as soon as possible, and notify us when it has been sent. If you are out of them, please contact our group office for a supply.
	Please forward verification of his/her present work hours and earnings.
	u for your help. We look forward to hearing from you soon, and have enclosed a postage-paid envelope for renience in replying. Please call if you have any questions.
Sincerely,	
Shannon	Teed
.	
	Department
Phone No	D.: (<u>800</u>) <u>368-1135 x7598</u>

SI 4148

(6/05)

from the desk of:

KAREN VELTKAMP

PHONE (503) 321 - 5490

12-19-05

Called claiment to advise of completed claim. Left message.

Kletchamp



Long Term Disability Benefits Employer's Statement

Standard Insurance Company, Employee Benefits Department
PO Box 2800 Portland OR 97208-2800 800.368.1135 Tel 503.321.8400 Fax

1. EMPLOYEE		• .		
Name of Employee: PA+ricio	2 Broyles			
Address: 3831 Ant	Cin	- NAPE	State:	1 Zip Code: 44559
Job Title (please attach a copy of job description): _	<u>claims</u>	عاماد	diverse	• • • • • • • • • • • • • • • • • • • •
If applicable, please give job classification:			7	
Phone No.: (707) 857-9700	Date Employed:	7/16/01 Socia	Security No.: 55	292-5378
2. INFORMATION				Part I.
Date employee's coverage became effective:				EMPSyca Benn 2005
Was employee given a Certificate of Insurance?	Yes No	G Don't know	•	Emply 27/10
Was employee insured under Previous LTD Carrier?	☐ Yes ☐ No	Effective Date:		yea Bunner
Employee's Medical Insurance carrier:	ue choss of	CALLGOVILE		Employes Benente - Urr
Phone No.: (800) 607 - 870	77	Effective date for me	OF1S	2/1/49
Employee's status on date disability commenced:	я		•	
Actively at Work? Yes No If no, reason			•	of hours worked per week: 40
	3/14/05 □ Exe	· ·	-	r - Non-Union-
Number of hours worked this day:		returned to work after disa		
Have you considered allowing the claimant to work in or worksite? Yes No If yes, what alterna	another occupation, or modify or tives were offered to the claimar	alter the job duties of the d	lalmant's occupation, how	the job is done (i.e., work schedule),
empare-	didn't ask!	ar such	considana	HOW
Is disability caused or contributed to by employment?		·		· ' '
		☐ Undetermined		
Has employee filed a Workers' Compensation daim?	Yes PNo	Don't know	•	
Workers' Compensation Carrier Name:		Claim #:		Date of Injury:
Address:	City		State:	Zip Code:
Phone No.: ()	Person to contact:			Ref
is employment now terminated? Yes N	-	· · · · · · · · · · · · · · · · · · ·		
Is employment scheduled for termination?		mination		PEO.
Reason:	" unknown.			MECEIVED_
SALARY AT TIME OF DISABILITY				DECI 9 2005
Basic Monthly Earnings Monthly rate \$	<u>3306.80</u>	Basic Weekly Ea	arnings Weekly rate \$	
Basic Yearly Earnings Annual rate \$	•	Basic Hourly Ea	mings Hourty rate \$	Employee Benner
Basic Contract Earnings Contract amount \$		Length of contract		
Commissions (Please attach fist of commissions	paid for the period specified in yo	our Group Policy.)	7	9, 91
Date of last increase: 9/13/05	Earnings prior to increase:	\$ 3458. pe	r MO Effective o	late: 91 18/ 65
. COMPENSATION FOR PERIOD A		<u> </u>	•	
Type Sick Pay	Last date through which	paid or payable	A	mount / Rate
Self-insured Short Term Disability	· · · · · · · · · · · · · · · · · · ·			
Salary Continuation	-Procenture	Holiday		
Wages / salary, earned after disability Bonus	11/30/05	19/15/05	300,00	1653,40
Commissions, <u>earned after</u> disability				
Vacation Pay 1"	9/19/05		1	5.75 (butot man)
13379	13 (of 15	9116,19	- 300 63 (3/03)



Long Term Disability Benefits Employer's Statement

Standard Insurance Company, Employee Benefits Department PO Box 2800 Portland OR 97208-2800 800.368.1135 Tel 503.321.8400 Fax

employee covered by or now receiving benefits om the following?	Coveredi Yes No	Receiving Don't Yes No Know	Date of Application	Ar Weekly	mount Monthly	Effective Date
Social Security	Z 0					
Workers' Compensation	e 0					
	M 0					
State Disability Insurance	1 BK U					
t. Retirement or Pension (Employer, PERS, STRS, PERA, etc.)	_					
Please specify: 401 K	20					
Other:(e.g., unemployment or union benefits)		000				
LIFE INSURANCE						
las employee covered by Group Life Insurance with The	Standard on c	ease work date?	Ves [] No		
yes, list policy number(s):	198					
700; Hat Policy Hulliocite/.		11 100				
ate life insurance became effective:		/1/44			•	
amount of Basic life insurance \$ 50 K. Addition	nai \$	Sunniemental \$	A D	8D \$		
/		Suppositorizat u		- - -		
ependent's coverage? Yes You						
MPORTANT: Please continue payment of premiums	until Otherwise) INDIRIOC.				
TAX INFORMATION						
mployer's Federal Tax I.Q. Number:						
_/	•					
Check one: We are a private-sector employer We are a public-sector (government)	entity) emolo	ver				
						à
s this employee subject to: Social Security taxes?			icare taxes?		Yes No	
Railroad Tier 1 taxes?		11.	1 Medicare taxes?	-41 4	U Yes . U No	'
State Disability taxes?		_	mployment Compens		Yes No	• '
			'	2162.92		
			Man I I ATTA			
Does this employee pay all or a portion of the premium fo			Yes 🕡 No			
opes this employee pay all or a portion of the premium for If yes, what percentage of the LTD premium does the en	nployer pay	% .				
Does this employee pay all or a portion of the premium to If yes, what percentage of the LTD premium does the en "the em	nployer pay nployee pay	%. % with "pre-	tax" funds.			
oes this employee pay all or a portion of the premium for If yes, what percentage of the LTD premium does the em "the em	nployer pay nployee pay nployee pay	%. % with *pre- % with fund	tax" tunds. s that have been tax			
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from the desk of:

KAREN VELTKAMP

PHONE (503) 321 - 6490

12.5-05

Called claimant to advise of claim receipt. Explained process.

K belikamp



Long Term Disability Benefits **Employee's Statement**

Standard Insurance Company, Employee Benefits Department PO Box 2800 Portland OR 97208-2800 800.368.1135 Tel 503.321.8400 Fax

Please type or print. Form may be returned for unanswered questions.
1. CLAIMANT
Full Name: PATRICIA ANN BROYLES Social Security No.: 557 92 5378
Address: 3321 Anita Ct. city: Napa State: CA zip Code: 14558
Phone No.: (101) 252-9258 Patient No.:
Birthdate:
Name of Spouse: Roy A. BROYLES Birthdate: 11/15/3
No. of dependent children: NA Birthdate of youngest: NA
Did you receive a Certificate of Insurance? Yes You If no, please contact your employer to obtain a copy.
2. EMPLOYMENT
Name of Employer: A.W. L. Coxposation Group Policy No.: 623691
Address: 1000 Main St. SuitE 200 City: Na/Ja State Ca Zip Code: 14559
Phone No.: (707) 251-9100
State your job title and describe your duties at work.
Claim payable Sexxiser - payment processing
Is your disability work-related?
Have you filed a Workers' Compensation claim? Yes No If Yes, W.C. claim # NOV 3 0 2000
Last full day at work:
Are you now or have you worked at your occupation or any other occupation since the date of your injury?
If yes, list names of employers, addresses, telephone numbers, and dates of employment.
Are you self-employed at any activity? Yes No
Date you resumed part-time work: Work Phone: () Extension:
Date you resumed full-time work: Work Phone: ()Extension:
3. SICKNESS Please list all illnesses which contribute to your being unable to work at your occupation.
Illness: NA Date First Noticed
Date First Noticed
State what you believe caused your illness.
NA
Describe your symptoms: NA
Have you ever had the same condition or a related illness before?
SI 3379 2 of 15



Long Term Disability Benefits Employee's Statement

Standard Insurance Company, Employee Benefits Department PO Box 2800 Portland OR 97208-2800 800.368.1135 Tel 503.321.8400 Fax

4. INJURY									
Describe Injuries: Right Foot - Conglete Reptive tiBilias TENDON									
Cause of injuries:									
Time, Date and Location of Injuries.									
	*								
August 2004									
5. PREGNANCY									
Date you expect to cease work: ~~~	Expected delivery date: NA								
Actual delivery date:	Actual delivery date: NA . Expected return to work date: NA								
Please indicate any foreseeable complications.									
NA									
6. ATTENDING PHYSICIAN List all physicians cons	rulted for this injury or illness. Use separate sheet, if needed.								
Physician's Name: JAMES TA I Cortt	Specialty: OKHODED Phone No.: 707, 255-2000								
	STE 150 Fax No.: ()								
City: NAMA	State: CA Zip Code: 94558								
ate first consulted for this injury or illness: 1204	Date last consulted: 12 D4								
Physician's Name: GENN PFEFFEK	Specialty: Foot/Hard OK-HIMP Priorie No.: 310, 423.3338								
Street Address: 444 50. SAN VICENT	E . 501/E (203 Fax No.: ()								
city: Los Angeles	State: OA Zip Code: 900 48								
Date first consulted for this injury or illness: \\\\13\05	Date last consulted: 128/05								
_ '	Specialty: Phone No.: ()								
Street Address:	Fax No.: ()								
City:	State: Zip Code:								
Date first consulted for this injury or illness:	Date last consulted:								
7. HOSPITAL If you were hospitalized for this condition, pl	ease complete. Please attach copy of hospital bill if available.								
	dical Catteris: FIE 73710 P.O. Box 60000								
	n for hospitalization: SUGLKY								
	n for hospitalization:								
	received treatment over the past five years. Use separate sheet if needed. An's Name Complete Address								
NA NA NA	N/A								
SI 3379	3 of 15								



Long Term Disability Benefits **Employee's Statement**

Standard Insurance Company, Employee Benefits Department PO Box 2800 Portland OR 97208-2800 800.368,1135 Tel 503,321,8400 Fax

9. DEDUCTIBLE INCOME									and OR 31200-280			ei 505.521.8400 F2
Have you applied for or are you receiving benefits from:	ng	-		plied s No	Rece Yes	-	Da	le Applied For	Amoun Weekly	t Received Mor	nthiy	Effective Date
a. Social Security	•			Ø		Y						
b. Workers' Compensation				ď		Ø						
c. State Disability Insurance	,		Ø		Ø		91	5105	629.00	2510	640	9/22/05
d. Retirement or Pension (Employer, PERS, STRS, PERA, etc.) Please specify type)					図						
e. Other		_		1		E						
(e.g., unemployment or union benefits			L				1			1		
Please send copies of any letters or not											···	<u>.</u>
10. VOCATIONAL Complete the fe			r allaci	h a resus	ne.							
Education level	Yes	No	If no,	last gra	de attend	ed.						
Grade School Graduate	Ø		Ĺ									
High School Graduate	Ø											· ·
GED		Ì										
College Graduate		Ø	Degn	90		Major						
Post Graduate	0	Ø	Degn	ce		Major				· · · · · ·		
Work Experience: Complete the following	no starti	no with	h wour	most rece	nt mork e							3 0 2005 Benefits - LTD
Job Title & Employer	*	1		of Emplo		Person		D:	uties .			Last Salary
1.		From:		199	,	(A)	ناحرد		CE- ACCOUN-	H~19 -		LESI Salary
OUL CORP		To:	ڼڼ	٧٠٠٠					ent supec		\$5	2,066.00
2 A1 KAR 10/981	- 1/A9	From:	41	98	, ;		Ad	prini	ASSISTAN		\$2	8000 to
2 ACK NULL + SON	L	To:	10	198			Ad	m id	A5813+	ind	واجدا	£,000 3
15chida Engineer	mb	From: To:	:				OH	në F	MMAgex	,	٠,٠	3000.5
5,		From:	211	7)8) .				110111	<u> </u>		
KWUSIL Sewice	Asto	_	51:	31/0	4		of	TICE	Marlagex		\$4	∫α∞.≃
Bank & America	'a	From: To:	Ø	11. B1		HE	TIER	- NCA	, {-1)}h loti	1	\$ 70	യം.ച
Acknowledgement		.						1,40	· * * * * * * * * * * * * * * * * * * *			
I hereby certify that the answers I h I acknowledge that I have read the	ave m appli	ade to cable	the f	oregoi: l notice	ng ques	tions a ge 5 of	re both this for	complete m.	and true to the	best of n	ıy know	ledge and belief.
HALA P	ν'n	les									8/0	
SIGNATURE								-	DA	TE		-

St3379

'4 of 15

(3/03)



Long Term Disability Benefits Claim Form Fraud Notices

Standard Insurance Company, Employee Benefits Department PO Box 2800 Portland OR 97208-2800 800.368.1135 Tel 503.321.8400 Fax

Some states require us to provide the following information to you:

CALIFORNIA RESIDENTS

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO RESIDENTS

It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to the policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

FLORIDA RESIDENTS

Any person who knowingly and with intent to injure, defraud or deceive an insurance company, files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.

EW JERSEY RESIDENTS

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NEW YORK RESIDENTS

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim, containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

PENNSYLVANIA RESIDENTS

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

ALL OTHER APPLICANTS AND CLAIMANTS

Some states require us to inform you that any person who knowingly and with intent to injure, defraud or deceive an insurance company, or other person, files a statement containing false or misleading information concerning any fact material hereto commits a fraudulent insurance act which is subject to civil and/or criminal penalties, depending upon the state. Such actions may be deemed a felony and substantial fines ay be imposed.

S13379 5 of 15



Physician Consultant Memo

Claim Identification

Name: Patricia Broyles

Claim Number: 00375832

Nurse:

MTID #: 822466

Analyst: Mary Cea

Date Submitted: 2/22/2007

Physician: Joseph Mandiberg, M.D.

Date Transcribed: 2/22/2007

Orthopedic Surgery

Opening Synopsis

Ms. Broyles is a 53-year-old claims adjuster (sedentary) who ceased work on 9/14/2005, secondary to flat feet and swelling. She underwent a calcaneal **Bedal** displacement osteotomy, a tenolysis of the posterior tibial tendon, a percutaneous Achilles lengthening, a transfer of flexor digitorum longus to the navicular on 3/18/2005 by Dr. Glen B. Pfeffer. The claim has previously been reviewed by Dr. Waldram and nurse, Anne Jordan.

Review of Medical Records

On 1/13/2005 the claimant was seen by Dr. Glen B. Pfeffer, Foot Specialist - Orthopedist. He examined the claimant and felt she had a collapsed foot from posterior tibial tendon dysfunction. He recommended surgery. On 3/18/2005 the claimant underwent a transfer of the flexor digitorum longus tendon to the navicular, a calcaneal medial displacement osteotomy, a tenolysis of the posterior tibial tendon, and a percutaneous Achilles lengthening. On 3/31/2005 it was noted that she was doing better, with some decreased pain. The incision looked satisfactory.

On 6/13/2005 she was doing well, according to the notes. The fracture line had not completely filled in. She was allowed to be weightbearing. The x-ray of 7/25/2005 still showed an open fracture line, and repeat x-ray on 8/12/2005 also showed the same. There was a question at one point of her having a DVT, and a Doppler study was obtained which was negative. It was noted she had a slight collapse, but still better than preop.

On 1/20/2006 Dr. Pfeffer saw her again for a postoperative visit, and this is the first one that is actually typed. It was noted she had not done well since her tibial transfer and calcaneal osteotomy. There was slight collapse noted. She was complaining of intermittent burning. He thought she probably needed additional surgery with an isolated naviculocuneiform fusion. He also felt that he could fuse the subtalar joint at the same time to give her a stable 1st ray. Dr.

Page 1

Patricia Broyles

Physician Consultant Memo

Pfeffer also reported on APS statement of 12/7/2005 that she was capable of sedentary work. She was having difficulty walking.

The claim was reviewed by Anne Jordan, R.N. for The Standard, with Dr. David Waldram. It was Dr. Waldram's opinion that the claimant had the inability to stand or walk for extended periods. Dr. Waldram also felt the documentation did not support inability work within a sedentary level job on a full-time basis.

Further review of the notes in the chart, which are somewhat scant at that point, shows that Michael W. Schifflett, M.D., Orthopedic Surgeon in Napa, California, did a total knee replacement on the claimant in April and is tentatively scheduled for a right one at some time around the 1st of the year in 2007. He also pointed out that she continued to have posterior tibial tendon dysfunction of the right ankle and was unable to do her regular job, which required prolonged sitting. He stated she was unable to sit or stand for long periods of time, and weightbearing continued to be painful on the right side for both the knee and the ankle.

In November 2006, Dr. Pfeffer stated that the claimant was incapable of working at her own or any other occupation, either on a full-time or part-time basis, including sedentary work since 9/15/2005.

On 12/12/2006, Dr. Waldram re-reviewed the chart. He felt that the claimant would be limited relative to walking, but he could not see how sitting would be a problem.

Summary of Pertinent Information

The claimant is a 53-year-old female who underwent a right foot surgery for posterior tibial dysfunction in March of 2005, and it appears she ceased work on 9/14/2005. She has continued to have complaints of pain in her ankle and has had a total knee replacement in April of 2006 on the left, and planning one on the right in the near future.

Response to Questions

1. What limitations and restrictions, if any, are supported by the available medical records? What is the duration of impairment?

The claimant, by virtue of her foot surgery, has limitations on prolonged standing, but I cannot see why she cannot do a sit-down job with the ability to stand up and move around as needed. There is really nothing in the medical records in the way of doctors' notes to support the last two doctors' statements.

2. Do the medical records support the claimant's assertion that she is unable to sit due to a foot condition? Please explain.

Page 2

Patricia Broyles

Physician Consultant Memo

02/22/2007

Date: 3/1/07

The medical records do not support that opinion. They support really nothing other than a couple statements from the doctors. There is nothing in office notes, and nobody has given a reason why a person with foot problems cannot do a sedentary job.

3. Do the medical records support any limitations or restrictions due to the use of medicine? Please explain.

I see no indication that she has an impairment relative to her medication.

4. Do you find any medical evidence to support a change in the claimant's foot condition that would have prevented her from continuing to perform her sedentary occupation in September 2005 and throughout the 90-day benefit waiting period? Please explain.

I do not find any evidence of that in the chart.

JM:jl

D: 2/20/2007

T: 2/22/2007

Page 3

Patricia Broyles

Physician Consultant Memo

02/22/2007



Claim Identification

Name: Patricia Broyles

Claim Number: 00375832

Nurse:

MTID #: 822466

Analyst: Mary Cea

Date Submitted: 2/22/2007

Physician: Joseph Mandiberg, M.D.

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Date Transcribed: 2/22/2007

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Review of Medical Records

On 1/13/2005 the claimant was seen by Dr. Glen B. Pfeffer, Foot Specialist - Orthopedist. He examined the claimant and felt she had a collapsed foot from posterior tibial tendon dysfunction. He recommended surgery. On 3/18/2005 the claimant underwent a transfer of the flexor digitorum longus tendon to the navicular, a calcaneal medial displacement osteotomy, a tenolysis of the posterior tibial tendon, and a percutaneous Achilles lengthening. On 3/31/2005 it was noted that she was doing better, with some decreased pain. The incision looked satisfactory.

On 6/13/2005 she was doing well, according to the notes. The fracture line had not completely filled in. She was allowed to be weightbearing. The x-ray of 7/25/2005 still showed an open fracture line, and repeat x-ray on 8/12/2005 also showed the same. There was a question at one point of her having a DVT, and a Doppler study was obtained which was negative. It was noted she had a slight collapse, but still better than preop.

On 1/20/2006 Dr. Pfeffer saw her again for a postoperative visit, and this is the first one that is actually typed. It was noted she had not done well since her tibial transfer and calcaneal osteotomy. There was slight collapse noted. She was complaining of intermittent burning. He thought she probably needed additional surgery with an isolated naviculocuneiform fusion. He also felt that he could fuse the subtalar joint at the same time to give her a stable 1st ray. Dr.

Page 1

Patricia Broyles

Physician Consultant Memo

Pfeffer also reported on APS statement of 12/7/2005 that she was capable of sedentary work. She was having difficulty walking.

The claim was reviewed by Anne Jordan, R.N. for The Standard, with Dr. David Waldram. It was Dr. Waldram's opinion that the claimant had the inability to stand or walk for extended periods. Dr. Waldram also felt the documentation did not support inability work within a sedentary level job on a full-time basis.

Further review of the notes in the chart, which are somewhat scant at that point, shows that Michael W. Schifflett, M.D., Orthopedic Surgeon in Napa, California, did a total knee replacement on the claimant in April and is tentatively scheduled for a right one at some time around the 1st of the year in 2007. He also pointed out that she continued to have posterior tibial tendon dysfunction of the right ankle and was unable to do her regular job, which required prolonged sitting. He stated she was unable to sit or stand for long periods of time, and weightbearing continued to be painful on the right side for both the knee and the ankle.

In November 2006, Dr. Pfeffer stated that the claimant was incapable of working at her own or any other occupation, either on a full-time or part-time basis, including sedentary work since 9/15/2005.

On 12/12/2006, Dr. Waldram re-reviewed the chart. He felt that the claimant would be limited relative to walking, but he could not see how sitting would be a problem.

Summary of Pertinent Information

The claimant is a 53-year-old female who underwent a right foot surgery for posterior tibial dysfunction in March of 2005, and it appears she ceased work on 9/14/2005. She has continued to have complaints of pain in her ankle and has had a total knee replacement in April of 2006 on the left, and planning one on the right in the near future.

Response to Questions

1. What limitations and restrictions, if any, are supported by the available medical records? What is the duration of impairment?

The claimant, by virtue of her foot surgery, has limitations on prolonged standing, but I cannot see why she cannot do a sit-down job with the ability to stand up and move around as needed. There is really nothing in the medical records in the way of doctors' notes to support the last two doctors' statements.

2. Do the medical records support the claimant's assertion that she is unable to sit due to a foot condition? Please explain.

Page 2

Patricia Broyles

Physician Consultant Memo

02/22/2007

The medical records do not support that opinion. They support really nothing other than a couple statements from the doctors. There is nothing in office notes, and nobody has given a reason why a person with foot problems cannot do a sedentary job.

3. Do the medical records support any limitations or restrictions due to the use of medicine? Please explain.

I see no indication that she has an impairment relative to her medication.

4. Do you find any medical evidence to support a change in the claimant's foot condition that would have prevented her from continuing to perform her sedentary occupation in September 2005 and throughout the 90-day benefit waiting period? Please explain.

I do not find any evidence of that in the chart.

	DICTATED BUT NOT PROOFED	•	
		Date:	
Ioseph Mandiber IM:jl	g, M.D.		RECEIVED
			HEOEIVE!
D: 2/20/2007	T: 2/22/2007		FEB 2 7 2007
			Employee Benefits - DMP

Page 3

Patricia Broyles

Physician Consultant Memo

02/22/2007

Joseph J. Mandiberg, M.D.

EDUCATION

Undergraduate:

University of Michigan, B.A. English

History of Art, 1965-1969

Medical School:

Wayne State University, School of Medicine

Detroit, Michigan, 1970-1974

Internship:

Harper Hospital, Wayne State University

Detroit, Michigan, 1974-1975

Residency:

Henry Ford Hospital, Orthopedics

Detroit, Michigan, 1975-1978

Certification:

American Board of Orthopedic Surgery

September 11, 1981

RELATED EXPERIENCE

Dr. Mandiberg served the Portland community from 1978 through 1982 at Northwest Permanente in Portland, Oregon. Since 1982, he serves the Portland community along with the Gresham community through his private practice.

HOSPITAL AFFILIATIONS

Dr. Mandiberg's current hospital affiliations include Providence Medical Center, Portland, Oregon, Legacy Good Samaritan Hospital & Medical Center, Portland, Oregon and Legacy Mt. Hood Medical Center, Gresham, Oregon.

PUBLICATIONS AND PAPERS

"Meniscectomies in Children" and "Journal of Sports Medicine"

MEMBERSHIPS

Dr. Mandiberg is a member and supports several societies including:

American Academy of Orthopedic Surgeons (AAOS) Medical Society of Metropolitan Portland Oregon Medical Association North Pacific Orthopedic Society

_	•	
Benefits Department		Medical Referra

			•
CLAIM IDENTIFICATION			
Referral Date: February 15, 2007	Referring Nurse or SBA: Mary E. Cea		
Claimant Name: Patricla Broyles	Assigned Analyst/Extension: 7917		
Claim Number: 00375832	Physician Specialty: Orthopedics - Not Dr. Waldram	S	
Claim Status: Active Pending x Appeal	Regulatory Deadline: 2/18/07	Pa. Mand: b	ごう
OPENING SYNOPSIS			
had surgery in 2004. The claimant successful in April 2005. The Standard reviewed the avail evidence to support that the claimant would he at the time she ceased work and throughout the a review of the decision to deny her claim. It is only taking Aleve to manage her symptoms and it is further noted that in April 2006 the claimant claimant was no longer insured under the Grouf or any impairment due to her knee replacement.	lable medical records and did not find in ave been unable to perform her sedental to 90 day benefit waiting period. The class noted that at the time the claimant ceard her physicians did not recommended in the day at the time the attell these replacement however up Policy and therefore was not eligible.	y level occupation imant has requested sed work she was that she cease work.	
VOCATIONAL INFORMATION		RECEIVED	
Applicable Definition of Disability: x Own Occ	Any Occ ☐ Other:	FEB 1 5 200	7
DOT strength demand of own occ, if applicable, as	nd as determined by VCM Sedentary	Employee Benefits -	
Description of the specific physical or mental dema	ands required of the occupation:		
CONTRACT INFORMATION			
While the medical staff is not responsible for making provisions contain medical terms or concepts requirir Not Applicable	claim determinations based on the terms of t ng medical advice to aid in the administration	the policy, the following of the claim.	
Insurance ended in December 2005.			

QUESTIONS

- what limitations and/or restrictions, if any, are supported by the available medical records? What is the duration of impairment?
- 2. do the medical records support the claimant's assertion that she is unable to sit due to her foot condition? Please explain.
- 3. Do the medical records support any limitations or restrictions due to use of medicine? Please
- 4. Do you find any medical evidence to support a change in the claimant's foot condition that would have prevented her from continuing to perform her sedentary occupation in September 2005 and throughout the 90 day benefit waiting period. Please explain.

SI 12374

1 of 1

(4/05)



Claim Identification

Name: Patricia Broyles

Claim Number: 00375832

Nurse: Ruth McClurg, R.N.

MTID #: 751249

Analyst:

Date Submitted: 12/12/2006

Physician: David Waldram, M.D. Consulting Physician, Orthopedics

Date Transcribed: 12/12/2006

Opening Synopsis

The claimant's file has been reviewed in the past with Anne Jordan, R.N. She basically was evaluated for issues regarding a collapsed foot. Dr. Pfeffer was treating her for that issue. In addition, she had total knee arthroplasty on the left in April 2006 and there is anticipation of doing the right one in the future.

Review of Medical Records

The claimant's medical record suggests that she has had difficulty with her collapsed foot, ceasing work on 9/14/2005. On 3/18/2005 she had had a calcaneal osteotomy and tibial tendon transfer of the right hindfoot, returning to work in April 2005. On 6/13/2005 Dr. Pfeffer indicated that she was doing well weightbearing with the use of orthotics. She had some increased swelling and worry of blood clot, but studies were negative. On 10/18/2005 Dr. Pfeffer suggested she was doing well. On 1/20/2006 she had some intermittent burning in the right foot. Dr. Pfeffer on 12/7/2005 had indicated that she was capable of sedentary work with difficulty walking due to unilateral foot pain.

Since that evaluation, the claimant has further information of a post total knee arthroplasty physical therapy. Also, a note from Dr. Shiffeltt suggesting that the claimant had been under his care since February and had a total knee arthroplasty on the left. He felt that she was unable to do her regular job, which required prolonged sitting, because she was unable to sit or stand for long periods of time and weightbearing continued to be painful on the right in both the knee and the ankle.

Summary of Pertinent Information

Page 1

Broyles, Patricia

Physician Consultant Memo

The claimant is status post foot surgery with release to sedentary level work. She had had a total knee arthroplasty with some limitation of motion, but generally a satisfactory result on the left. She is still having trouble on the right, with consideration of total knee on that side. Her physician suggests that she cannot sit or stand for long periods of time.

Response to Questions

- 1. The claimant's limitations and restrictions would be relative to walking. I do not see how specifically status post total knee or status post surgery for flat foot would be troublesome in a sitting posture. She should have limited walking activity, being capable of moving around the workplace and not walking more than 3 or 4 blocks maximum in succession, and walking should not be a major portion of her work requirement. Given this sedentary type of activity, the claimant, in my opinion, could work at a sedentary level job on a full-time basis. Certainly she will have to have additional time off when she goes on to have her opposite knee done with upcoming total knee arthroplasty. She will have about a 3-month period off work associated with that procedure.
- 2. I do not find file information to suggest that she has unusual impairment relative to medication. The claimant would be able to resume her sedentary level work at approximately 3 months post total knee arthroplasty on the left, or approximately July of 2006. I do not have notes from her treating physician that suggest that she has had a significant failure of that procedure.

Date: 2/19/06

David Waldram, M.D.

DW:il

D: 12/12/2006

T: 12/12/2006

Page 2

Broyles, Patricia

Physician Consultant Memo

12/12/2006



Claim Identification

Name: Patricia Broyles

Claim Number: 00375832

Nurse: Ruth McClurg, R.N.

MTID #: 751249

Analyst:

Date Submitted: 12/12/2006

Physician: David Waldram, M.D. Consulting Physician, Orthopedics

Date Transcribed: 12/12/2006

Opening Synopsis

The claimant's file has been reviewed in the past with Anne Jordan, R.N. She basically was evaluated for issues regarding a collapsed foot. Dr. Pfeffer was treating her for that issue. In addition, she had total knee arthroplasty on the left in April 2006 and there is anticipation of doing the right one in the future.

Review of Medical Records

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Summary of Pertinent Information

Page 1

Broyles, Patricia

Physician Consultant Memo

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Response to Questions

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DEC 1 3 2006

Employee Benefits - DMR

David Waldram, M.D. DW:jl

D: 12/12/2006

T: 12/12/2006

Page 2

Broyles, Patricia

Physician Consultant Memo

12/12/2006

David W. Waldram, M.D.

EDUCATION

Portland State University, Graduated 1963 University of Oregon Medical School, Graduated 1966

INTERNSHIP:

Milwaukee County Hospital, 1967

MILITARY:

United States Air Force: Orthopedic Hospital Physicians, 1967-1969 Rank, Captain

RESIDENCY:

Medical School of Wisconsin, 1969-1973

FELLOWSHIP:

American Academy of Orthopedic Surgeons **Board Certified 1974**

CURRENT PROFESSIONAL STATUS

Orthopedist currently active as a consultant, performs Independent Medical Examinations, holds a position on the Advisory Board to Oregon Health Systems, and is a consultant for Standard Insurance Company.

PAST ACADEMIC & PROFESSIONAL APPOINTMENTS

Clinical Professor, Veterans Hospital Clinical Professor, Emanuel Hospital: Director, Orthopedic Residency Program Senior Clinic Professor, University of Oregon Health Sciences Center Clinical Professor, Shriners' Crippled Children's Clinic Consultant, Scoliosis/Spine Clinic, University of Oregon Health Sciences Center



ADDITIONAL TRAINING Europe/England: Emphasis: Trauma & Total Joint Replacement Surgery Spinal Training with Walter Blount, MD: Presentation to Scoliosis Society "Hysterical Scoliosis": England: Spinal Trauma Center, Advanced Training with Head Surgeon, Mr. Webb

PRIOR HOSPITAL AFFILIATIONS

Providence St. Vincent Hospital Legacy Meridian Park Hospital Legacy Emanuel Hospital Providence Portland Hospital OHSU- Consultant Veterans' Hospital, Portland-Consultant

Shriners' Crippled Children's Hospital-Consultant

	Medical Referral
⊠ SIC □ SNY □ SBA □ TIAA □ SSC	□NM
CLAIM IDENTIFICATION	Referring Nurse or SBA:
Referral Date: 11/27/06 11/27/06	Referring Nurse or SBA:
Ciaimant Name:	Assigned Analyst/Extension:
Patricia A. Broyles Ciaim Number:	Jason Hewett / 7598
00375832	Physician Specialty: Ar Waldram 11-78
Claim Status: Active Pending Appeal	Regulatory Deadline:
☐ Active ☐ Pending ☒ Appeal	Day 105=2/17/07
OPENING SYNOPSIS	ervisor (sedentary strength) ceased working on 9/14/05
physical therapy and has provided information from stated in a letter dated 7/25/06 that she has been on	is that the claimant underwent a total knee replacement all total knee replacement. The claimant has undergone in Queen of the Valley Physical Therapy. The claimant doctor's disability since 09/05. She states that she that she is dealing with a great deal of pain.
Applicable Definition of Disability: ☐ Own Occ ☐ An	ny Occ Other:
DOT strength demand of own occ, if applicable, and as	determined by VCM sedentary strength
Description of the specific physical or mental demands r	required of the occupation:
CONTRACT INFORMATION	
While the medical staff is not responsible for making claim provisions contain medical terms or concepts requiring med Not Applicable	determinations based on the terms of the policy, the following dical advice to aid in the administration of the claim.
QUESTIONS	
1) Please review the medical records, and state in your limited and restrictions in head and state in your limited and restrictions in head and re	our opinion the claimant's functional abilities, or any
limitations/restrictions, physical, cognitive, or other basis. and corresponding dutes	· · · · · · · · · · · · · · · · · · ·
basis. and Loyres panding dails 2) Would her medication treatment cause side effects or mentally? Please explain why/why not.	•

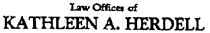
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Employee Benefits - DMR

SI 12374

1 of 1

(3/05)



1030 Main Street, Suite 215 St. Helena, CA 94574 (707) 963-3800; 963-2622 Pacsimile kathleen@herdell.com

FACSIMILE COVER LETTER

PLEASE DELIVER THE FOLLOWING PAGES TO:

NAME:

MR. JASON HEWITT, Disability Benefits Analyst

COMPANY:

The Standard Insurance Company

FAX NUMBER:

(971) 321-7437

FROM:

Kathleen A. Herdell

RE:

Dr. Glenn B. Pfeffer letter for Patricia Broyles

AUL Corp. Group Policy 623691

Claim No. 00375832

We are transmitting a total of 3 pages including this cover letter.

DATE:

November 21, 2006

COMMENTS:

Dear Mr. Hewett:

The original letter from Dr. Pfeffer will be sent upon receipt. We are told it is in the mail to Ms. Broyles; in the interim, we are faxing the letter for your file and to assist in completing the review. Please contact my office if you believe it will assist in your analysis.

Very truly yours,

Kathleen A. Herdell

Original (x) WILL

() WILL NOT

follow by mail.

If you do not receive all the pages, please call back as soon as possible - (707) 963-3800.

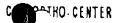
For future reference our facsimile number is: (707) 963-2622.

This fax is intended only for the use of the addressee and may contain legally privileged and confidential information. If you are not the intended recipient of this fax, you are notified that any dissemination, distribution or copying of this fax is strictly prohibited. If you have received this fax in error, please notify us immediately by telephone and return the fax to us at the above address via the United States Postal Service. We will reimburse you any costs you incur in notifying us and returning the fax to us. Thank you.

Completed by

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NOV. 21. 2006 9: 13AM





NO. 2329 P. 2/2



CEDARS SINAI MEDICAL CENTER. Orthopedia Center

Glann B. Pleffer, MD Director, Foot & Ankle Center

November 20, 2006

Ms. Jason Hewett, Disability Benefits Analyst, The Standard Insurance Company 900 SW Fifth Avenue Portland, OR 97204-1235

Re: Patricia Broyles
AUL Corporation, Group Policy 623691
Claim No. 00375832

Dear Mr. Heweti:

The above patient, Patricia Broyles, asked me to clarify my medical opinion of her condition. Ms. Broyles has been incapable of working in her own and any other occupation either on a full or part time basis, including doing sedentary work, since September 15, 2005. Since that date, she has been unable to ait, stand or walk for a significant period of time. My assessment is based on the progression of her injury, the limitations of her physical incapacity, pain medications she has needed to manage her condition, and her future medical needs.

It is unclear to me at this time if Ms. Broyles will be able to return to work; however, she will not be able to do so before the Fall of 2007.

I am available to discuss my opinions with your Board certified Orthopedic Physician Consultant if it will assist.

Sincerely

Glenn B. Pfeffer, N

1 444 S. San Vicente Bivd.

Suite 803 M Los Angeles, CA 8004B

Ciffice (310) 423-4556 or toll free (885) 618-7646 M Fax (310) 423-9658 or toll free (885) 686-7846

www.coders-sinst.edu

Form No. 5792 (Port 993)



Mark Goodson Bidg. 444 S. San Vicente Bivd. Suite 603 Los Angeles, CA 90048 310-423-3338 Telephone 310-423-9958 Fax



Kat	hleen	From	Glann Pfeffer, MD / Susan Muse
707-90	3-2622	Payon	2
	·	Date :	11/21/06
Patricia	Broyles	CC:	
□For Review	□Please (Jonninant .	
	707-90 Patricia	Kathisen 707-963-2622 Patricia Broyles DFor Review DPlease (707-863-2622 Perpan: Date : Patricia Broyles CC:



Law Offices of

KATHILEEN A. HERDELL

1030 MAIN STREET, SUITE 215 ST. HELENA, CALIFORNIA 94574 (707) 963–3800 (707) 963–2622 FAX MAIL@HERDELL.COM

October 27, 2006

Mr. Jason Hewett, Disability Benefits Analyst, The Standard Insurance Company 900 SW Fifth Avenue Portland, OR 97204-1235

Re: Patricia Broyles

AUL Corporation, Group Policy 623691

Claim No. 00375832

RECEIVED

OCT 3 1 2006

Employee Benefits - LTD

Dear Mr. Hewett:

Ms. Patricia Broyles has retained me to review and correspond to you regarding her effort to obtain your company's reconsideration of its decision that she was not disabled from her own or any other occupation or eligible for long term disability benefits. I have known Ms. Broyles for well over a year, and during that time, there has been no doubt in my mind she would be unable to work because of her medical problems.

I have enclosed several documents that I believe will be useful in your reexamination:

- Letter from Michael W. Shifflet, M.D. dated October 11, 2006 expressing opinion that Ms. Broyles has been disabled from February 2006, and no ability to work until at least July 2007;
- Notice from the State of California that Ms. Broyles has exhausted her State Disability Insurance benefits as of September 23, 2006 and will receive no other payments;
- Napa Valley Physical Therapy Center Discharge Summary dated October 28, 2005 and treatment records for the period September 22, 2005 through October 19, 2005 demonstrating that Ms. Broyles was in physical therapy treatment, and was discharged because she was following her physician's advice that she cease further physical therapy and join a gym instead. You will note that Ms. Broyles was only able to withstand a washcloth brushing over her injured area. In addition, she has provided treatment records for the period of January 24, 2006 through March 3, 2006 demonstrating injuries and recovery progress;
- Admission and hospitalization records for total knee replacement surgery April 12, 2006;
- Admission and hospitalization records for July 11, 2006 for TKA;



Mr. Jason Hewett, Disability Benefits Analyst, October 27, 2006 Page two

- Queen of the Valley Physical Therapy records, April 2006-August 2006, along with Rehabilitation Services Summary;
- Queen of the Valley Hospital admission and physical therapy records September 8, 2006 for S/P L TKA through October 13, 2006;
- Record of medications: January 1, 2005 through October 11, 2006.

We are expecting a letter from Dr. Glenn Pfeffer attesting to his patient's incapacitation and disability during the claim period as well, and will send it under separate cover for your consideration. Ms. Broyles also received medical treatment from Dr. Talcott (in Napa, California) during this period, but he has retired from practicing and Ms. Broyles has been unable to determine where his records are being retained.

My review of Ms. Broyles' history and records is that she has been disabled since the date of her claim through today, and that this period of disability will continue into mid-2007 at least. In addition, it is clear that she also was unable to perform her own or any occupation during this time period.

Although I represent Ms. Broyles, she asks that you continue to communicate directly with her until further notice. Please call on her if you would like further records for your review.

Best Regards.

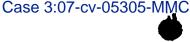
Kathleen A. Herdell

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OCT 8 1 2006

Emplayee Benefits - LTD



Napa Valley Orthopaedic Medical Group, Inc.

John N. Diana, M.O. Adam M. Freedhand, M.D. Jason T. Huffman, M.D. Michael W. Shifflett, M.D.

October 11, 2006

The Standard Insurance Company Disability Division

RE: Patricia Broyles

To Whom It May Concern:

The above patient has been under my care since February of this year. She had a left total knee replacement arthroplasty in April, and is tentatively scheduled for right total knee surgery in the next few months, once she has recovered on the left. She also suffers from posterior tibialis tendon dysfunction in the right ankle and has an appointment in the near future to address this problem.

She continues to be unable to do her regular job, which requires prolonged sitting. She is unable to sit or stand for long periods of time and weight-bearing continues to be painful on the right side, in both the knee and ankle.

I anticipate that she will be unable to return to work until approximately 7/01/2007.

Sincerely,

Michael W. Shifflett, M.D.

Employee Benerius - LFD



1100 Trancas St. Suite 250 Napa, California 94558 office: 707.254.7117 fax: 707.265.6435

www.napavalleyortho.com

Filed 06/30/2008 SSN: 557-92-5378 PATRICIA A BROYLES
WEEKLY RATE IS FOR 7 DAYS CLAIM EFFECTIVE DATE: 09/15/05 WEEKLY RATE: ,\$629,00 EXCEPT FOR THE MANDATORY 7-DAY WAITING PERIOD, YOU WILL BE PAID FOR EVERY DAY YOU ARE ELIGIBLE FOR BENEFITS, INCLUDING WEEKENDS.

IF YOU ARE NOT PAID FOR ANY DAYS, YOU WILL BE NOTIFIED WHAT DAYS WERE NOT PAID AND WHY THEY WERE NOT PAID IN THE MESSAGE AREA BELOW. THE OFFICE PROCESSING YOUR CLAIM IS:

EMPLOYMENT DEVELOPMENT DEPARTMENT

TELEPHONE: (800) 480-3287

PO BOX 700

SANTA ROSA CA .95402-0700

THE ATTACHED CHECK IS FOR STATE DISABILITY INSURANCE FOR THE FOLLOWING PERIOD(S): 09/15/06 THROUGH 09/20/06.

AMT. DEDUCTED PAID -\$0.00

IMPORTANT NOTICE: IF YOU DO NOT UNDERSTAND ANY FORM SENT TO YOU BY THIS OFFICE, CONTACT US FOR ASSISTANCE AT THE TELEPHONE NUMBER SHOWN ON THE CHECK STATEMENT.

NOTICE OF EXHAUSTION OF DISABILITY BENEFITS

THIS IS THE LAST CHECK YOU CAN RECEIVE FROM YOUR PRESENT CLAIM FOR DISABILITY INSURANCE BECAUSE YOUR BENEFITS ARE EXHAUSTED.

IMPORTANT. IF YOUR DISABILITY IS PERMANENT AND IS EXPECTED TO CONTINUE, YOU MAY WISH TO CONTACT YOUR NEAREST FEDERAL SOCIAL SECURITY OFFICE OR THE STATE DEPARTMENT OF REHABILITATION TO DISCUSS YOUR ELIGIBILITY FOR BENEFITS AND/OR ASSISTANCE.

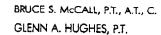
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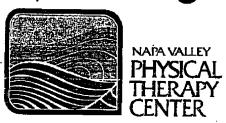
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OCT 3 1 2006

DE 2500CKX Rev. (8/03)







Prevention @ Rehabilitation @ Sports Medicine

Physical Therapy Discharge Summary

October 28, 2005

To: Glenn Pfeffer, MD

From: Rob Brandon, MPT, ATC, CKTI

RE: Patricia Broyles

DX: S/P transfer of FHL to Navicular for posterior tibialis dysfunction

Dear Dr. Pfeffer,

I evaluated Mrs. Broyles on 9-22-05 and she had 11 visits. Her treatments included the following:

□Soft Tissue Mobilization

□Joint Mobilization

□Posture Education

Self Care Education

Therapeutic Exercise

Kinesio Tape

□Interferential Stimulation

□Ultrasound

AHome Program

Anodyne Infrared Therapy

□Balance Training

Other: not

Mrs. Broyles has progressed to a point of tolerating at least 45 minutes of consistent cardiovascular exercise. When she uses bilateral axillary crutches, she has been able to minimize her foot and ankle pain. However, she was reluctant to comply with using the crutches 100% of the time. The hypersensitivity about the lateral foot has slightly improved to the point of tolerating a washcloth brushed over the area.

Based on my observations of Mrs. Broyles in the clinic, she would benefit from better static foot support via some sort of orthosis, continued weight loss, gradual strengthening and proprioception training.

I am discharging her because she was told at her last MD visit that she should join a gym and stop physical therapy.

Thank you for allowing me to assist in your patient's care.

Sincerely,

Rob Brandon, MPT, ATC, CKTI

RECEIVED

OCT 9 1 2006

Emp. you benefits - LTD

1103 TRANCAS STREET

NAPA, CALIFORNIA 94558

(707) 224-3131

FAX (707) 224-2356

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Treating Diagno	NAPA VALLEY PHYSICAL THERAPY CENTER
Precautions	THE THE TOTAL THE TANK TO CENTER
ound = 611 quest = 111 quest = 0	Dizziness VA N/T CE
Date	Treatment Given Subjective Objective Assessment St
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	P. UB TE & Thand / boll.
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vame Broyle	PHYSICAL THERAPY TREATMENT RECORD RECEIVED
hysician	OCT 8 1 2006
	Employee denefits - LTD

NAPA VALLEY PHYSICAL THERAPY CENTER **EVALUATION**

Treating Dx SIP Wansfer FHL to Navice Precautions/Limitations	for post til dys. Onset 3-18-05
SUBJECTIVE CC: Post pain; falls 2° (B) foot guile out Ages: walk; I time on feet. Esse: NW3, ley up. 24hr: wase as day progresses.	Plan: fusion: ? CARDIAC PREGNANT PREGNANT SEIZURES DIABETES SKIN MPLANTS ALLERGIES HAVDIZZY CANCER D. Shifflett
T Goods: per mp = (1) Desensitive (2) Desensitive (3) Desensitive (4) Desensitive (4) Losse wit (1) motals + Diet	orthotics siece
OBJECTIVE Expressive submed malkola adama R71; R pulp along incision 5 disconfurt mmt: post tilb 2+/5 Aut tib 3+/5 proceeds 2+/5 Ettl 2+/5. Guit: 1 of per plans, 1 gam duly-; 1 (
FUNCTIONAL STATUS PLOF - sike 25 miles CLOF - Falls, basic ADL' & Several A	est peniors, needs @ def device for muls.
ASSESSMENT 8 WKS) Goals (DMMT 0. Strl. mm; of Auhle 24/5 Short (2) we of SPC 100% Short (2) we of SPC 100% Long (DAIN £ 4/10 100%. Potential FAIV Name Putricia Royles Physician Pleffer.	PLAN/TREATMENT (1) U.E. P.P.E. (5) STUL RECEIVED (2) L.E. P.P.E. (6) L.E. OCT 8 1 2006 (3) Gust typing (6) B.K.T. Employee denefits - LTD Frequency 3X/L.C. Duration 6 W.S. Physical Therapist Robbins MT. ATC. C.E.T. Date 1 24/06

Treating Diagonal Conset Precautions	gnosis post tub h 8/04 WRAT	— NAPA VALLEY — PHYSICAL THERAPY CENTE							
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(oltalos l	t phoned to ca	all visits -said mo	eg pt to join a gym.						
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PHYSICAL THERAPY TREATMENT RECORD

Employee Benefits - LTO

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NAME Broyles, Patt

OCT 3 1 2006

Employee denents - LTD

Treating Diagnosis, Post FM Dyo.	NAPA VALLEY
Onset 80	PHYSICAL THERAPY CENTER
recautions WBAT	
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DATE TREATMENT GIVEN	SUBJECTIVE, OBJECTIVE, ASSESSMENT, PLAN
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	m weds. o walk around less par now us
	while cush
	O. UBC YIZ' Stat Bike YI.S' & ham cranp D; x12'
	How Shetch 2x1
	of had to fich a huband - of trady a just of to plan !!
	A: por compliance = dosensition + coutch well
	P: Then ex; counted train, Anodyce RB Pet,
9/28/05 gent x15"	S' Pt monght outcles. A lot of pain today -
UTHER OX 30'	o: Crutch fet /tox x 15 / 600cl coard.
Ausdyne 20"	Thou exit(1) USC XIST BIKE XIST BEAT
	Anodyne x30; O foot / "felt great"
	A: A pall schief & Ten and t ashitch mage
	KB 200
2905 Than ex 35	Sin Prett : sore today WB + NWB = 7/10. Knee medical
Anodyne	Joot Will have Dknee scoped
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	The same of the sa
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	K a Unit of pale of T post boards that
	A: A a : - LES : A SUIZ - FILES of TO Assess
	Pt able to plerate condio level ex interest.
	P. Cont as able 18/120
10/3/05 Thy on 80'	51 A lot of par Sat; does up an Sun \$1/0 when wohe + wath to bathroom In a got time = 5/10.
Self cone 15'	
pladue 30	Gait = Boutches-min wt bed (R) - ster Through.
	UBC x 19" / 5/10 ut bon; 0/10 NWB
	self care x 15 discuss of how to avoid whom such
	Anada × 30' R) M/O Chee
	A: It show to understand need for every step to be muted
and the second s	
•	to ench step.
The second secon	P. Cont. month offet of 33/10, plage
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MC 1 2 3 4 5 6 7 8 8 10 NAME Droy es, Patricia	
80 100 1000	

Treating Diagnosi			NAPA VALLEY PHYSICAL THERAPY CENTER						
Precautions	WBAT		THE PERSON OF TH						
To the second se	Dizziness VA N/T CE								
Date	Treatment Given	Subjection	ve, Objective, Assessment, Plan						
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D/	yles, Patricia	L THERAPY TREATME	OCT 3 1 2006						
Physician	·		Employee Benefits - LTD						

NAPA VALLEY PHYSICAL THERAPY CENTER **EVALUATION**

Treating Dx SIP post FHL to navir for post tob dys onser 8/04
Precautions/Limitations WBAT
Precautions/Limitations WISAT PAIR MEDICAL AND TO SUBJECTIVE 3 1 8 0 5 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
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Short Win the are described Three Potential Frequency By We Duration (-8) Its
Name Patricia Broyles Physician Prefer Date 9-2205

Napa Valley'

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ADMISSION/SERVICE DATE: 04/12/2006 PATIENT NAME/ADDRESS ACCOUNT NUMBER ROOM/BED TYPE ADMIT SOURCE LOC/SVC HEDICAL RECORD NUMBER PRE IN QH02009577 QV0005284816 MS BROYLES, PATRICIA ANN 3321 ANITA CT NAPA.CA 94558 DOB 11/15/1953 HAR STÁT VIP RELIGION LANGUAGE RACE er chart# (707)252-9258 PHONE - NOA-ENG 557-92-5378 ABE 52 SEX F NZZ ENPLOYER ' NONE PERSON TO NOTIFY/ADDRESS NEXT OF KIN/ADDRESS BROYLES, ROY L'AVOIE LORRAINE . OCCUPATION 3321 ANITA CT NAPA CA 94558 AMERICAN CANYON CA 94558 PHONE RELATIONSHIP RELATIONSHIP HU GUARANTOR NAME/ADDRESS HOME PHONE HOME PHONE (707)252-9258 (707)642-5677 WORK PHONE BROYLES, PATRICIA ANN . HORK PHONE (707)226-3320 3321 ANITA CT NAPA CA 94558 DO YOU HAVE AN ADVANCED HEALTCARE DIRECTIVE? RECEIVED DESIGNATED SURROGATE: PHDNE (707)252-9258 SURROGATE'S PHONE: LOCATION/COMMENT: RELATIONSHIP ' LAST, HOSPITALIZATION **EMPLOYER** Employee Benefits - LTD THIS HOSPITAL: NONE: THRU ADMISSION PRIORITY: 'DATES: FROM OTHER HOSPITAL: EXPECTED LOS: THRU DATES: FROM PHIDNE POLICY NUMBER group number AUTHORIZATION NUMBER IPC-1 INSURANCE NAME PE2400 CHECKING BLUE CROSS PRUDENT BUYER XDX475A6Z834 B370 PO BOX 50007 LOS ANGELES . . CA 90060 PHONE (800)627-8797 INSURED NAME BROYLES PATRICIA A RELATIONSHIP TO PATIENT SP FC1 В GROWP NUMBER AUTHORIZATION NUMBER POLICY NUMBER IPÇ-2 INSURANCE NAME PHONE INSURED NAME RELATIONSHIP TO PATIENT. PRIMARY CARE PHYSICIAN **ACCIDENT** DATE TIME KAKO, RONY Y NID (707)257-1550 HOM ADMITTING PHYSICIAN REASON FOR VISIT OSTEOARTHRITIS LEFT KNEE SHIFFLETT.MICHAEL W MD (707)257-2944 RES 3-8 TO 4-12 PER RENEE INS WENTFIED ATTENDING PHYSICIAN COMMENT SHIFFLETT, MICHAEL W HD (707)257-*2*944

ADÍ PAT.; zous. adm. form. reprint. RP.

1000 TRANCAS STREET/PO BOX 2340 NAPA, CA 94558. (707)252-4411

MSHIFFLETT

DISCHARGE TIME

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FAMILY PHYSICIAN KAKO.RONY Y MO

OTHER PHYSICIAN

62:80 9002/92/70

(707)257-1550

DISCHARGE DATE

QUEEN OF THE MALLEY HOSPITAL

Napa Yalle ital Center

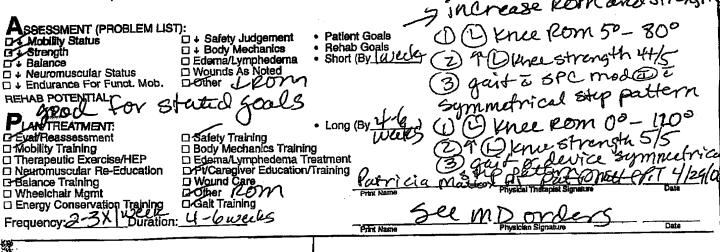
A Sisters of St. Joseph of Grange Corporation

ADMISSION/SERVICE DATE:



TIME: 1200

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EMPLOYER NONE		.,			ENG	₩	 			
OCCUPATION PHONE UARANTOR NAME/ADDRESS BROYLES PATRICIA ANN	NEXT OF KIN/ADDRESS BROYLES.ROY 3321 ANITA CT NAPA.CA 94558 RELATIONSHIP HU HOME PHONE (707)252-9258 HOME PHONE (707)252-9258 RELATIONSHIP HOME (707)262-5677									
3321 ANITA CT NAPA.CA 94558 PHONE (707)252-9258 RELATIONSHIP SP	DO YOU HAVE AN ADV DESIGNATED SURROGA SURROGATE'S PHONE: LOCATION/COMMENT:	TE: BROYLES I	ROY	WORK PHONE		U(Yee Benefits - L			
EMPLOYER NONE	LAST HOSPITALIZATI THIS HOSPITAL: DATES: FROM 04/15 OTHER HOSPITAL: DATES: FROM		04/20/2006		ADMISSION P		LECTIVE			
C - 1 INSURANCE NAME	POLIC	Y NUMBER	GROUP N	UMBER	AUTHORI	ZATION NUM	AFR			
BLUE CROSS PRUDENT PO BOX 60007	BUYER XDX47	5A62834	PE2400			211 2010 (19)1				
LOS ANGELES CA PHONE (800)627-8	90060	00-69	7-8	797 C	ise Mgr Name: Phone:					
C1 8 INSURED NAME BROY	LES.PATRICIA ANN	<u> </u>		NSHIP TO PATIENT	SP	······································				
C - 2 INSURANCE NAME	POLICY	NUMBER	GROUP N	167 - U		ATION NUM	BER NCIG.			
PHONE				Ca	se Mgr Name: Phone:		J.			
INSURED NAME		·	RELAT	TIONSHIP TO PATI	ENT	. y .				
CCIDENT DATE	TIME			RY CARE PHYSICI RONY Y MD		(707)257-1	550			
ASON FOR VISIT TKA			ADMIT	TING PHYSICIAN						
MMENT			ATTEN SHIFF	DING PHYSICIAN LETT.MICHAEL W 1	1 D :	(707)254-7	117			
	•		1							
SCHARGE DATE DIS	`		FAMIL'	Y PHYSICIAN RONY Y MD	1	707)257-1				



BROYLES, PATRICIA 05/03/2006 ANN 11/15/1953 Q MO2 00 9577 AGE 52 NOA RCR AKO RONY Y MD HIFFLETT . HICHAEL W HO

Queen of the Valley Hospital

REHABILITATION SERVICES DEPARTMENT PHYSICAL THERAPY EVALUATION

7770-037 (6/00) Page 1 of 2

*	Case 3:07-cv-05305-MINC Document 33-2 Filed 06/80/2008 Page 98 of 118
DATE	DISCHARGE SUMMARY
	REASON FOR TREATMENT SOFTEA
	ADMISSION DATE 4 29 66
	P.T. INITIATED 4/29(06 DISCONTINUED 8/8/06
	NUMBER OF P.T. TREATMENTS 24
	TREATMENT GIVEN AND RESPONSE
	□ Eval/Reassessment
	Mobility Training Therepoutin Eversion
	☐ Neuromuscular Re-Education
	Balance Training
	□ Wheelchair Management
	Safety Training Body Mechanics Training
	l
	Patient/Caregiver Education/Training Wound Care
<u></u>	Other
	ABILITIES AT DISCHARGE () Well LOW 0 - 108°
	(I) line Strength 5/5
	Guit policie o symmetrical goir step patter
<u> </u>	John Step pan-
1	INITIAL GOALS ACHIEVED? - Yes - No pt unable to all air
	INITIAL GOALS ACHIEVED? - Yes - No pt unable to allain IF NOT, EXPLAIN: Vnee flexion of 1200
	WRITTEN HOME PROGRAM (IF NOT, EXPLAIN)
<u></u>	BLAND FOR FURTHER CARE, WHERE WHEN FOR (DW-UP - MD.
	PLANS FOR FURTHER CARE - WHERE, WHEN FOLLOW - UP & M.D.
	Pester P. T. per m) orders p @ true surgery
ļ	Print Name Patricia Wattox P. T.
	Print Name Fact 1 Ca VV Ca Co VI
1	Signature Put Provided Date 8/8/06
	Physical Therapist
<u> </u>	Queen of the Valley Hospital
	STIOSEPH
	HEALTH SYNERA
	REHABILITATION SERVICES DEPARTMENT CEIVED
	PHYSICAL THERAPY EVALUATION 7770-037 (6/00)
÷	EMPHO YOU
	Empluyee Sellefite - LTD

Treating Diag	nosis _	<u>`</u> 5	PC	TKA	こ	linee	stiffnes	Band	Pain
Onset	Sx	41	2/00	6					•

Oliser	<u> </u>		
Precautions	(1) Knee pin	1	
DATE	TREATMENT GIVEN	PAIN (0-10)	ASSESSMENT, OBJECTIVES MET, PLANS
4/24/06	Twal	310	Drolers, relevoled. P. Walletton
45 mins	guit 124	 -	completed. Hease see waluation
	Rom	 	form. Thank you for this seferal
5/2/06	Theme	5/10	3: Pt cuports pour 5/10, 11 There not begin
Bunits	Rom 424	ľ	good about hong my exercises
(+5 min)	gui F		Of Therapeutic exercise per flow sheet
1		ļ	Grut activities CSPC c cues for hul to toc
		 	Concerni Cledentic Contractions
		<u> </u>	1: fair following for experise, well's encouragement
			for home program
5/3/04	Morris	11/:5	P. Long Rer POC Pat Dutt G.T
	1 per ex	4/10	S: Pt raports pain of pression of 5/2/06.
(45 min)	Trom 2/24		in the state of th
(0		quiti SPC x 700' i imphasis on proper
			Ustro momechanics
			A: interoved had strike in stance, continues to
			1. Cont per toc trength funation Put somblet
515 Oca	guit	3/10	5: Pt reports she is nearly out of pain
Bunits	Therex Rom		meds and is trying to get a hold of mb
(45 min)	so improve give		tor new prescription
	- 5124		O: There or grid & impless on strengthening
			mp texors, knee texors and unions for
			t And Clarking the second of the
			A: improving strength, improving for her
			excellent potential to recen soals
5/9/06	quit	6/10	5. The per roc Put pheters
3unts	Therex 4/24	410	S. Pt just back from MD appt. reports
45 minutes	(410)		States She massage her scar more and
4	C. C. C.		O: Com activities à tour roller contract
units C	ase conscience		relax at end runge the Steep Train to
	MD Dager to		full at 500 pacies of full knie exceptor
	appt. Permo		39CHS of 10 & 30ords, guite SPC x 500 CD &
	equis.		minimal guit deviations; progress note sent tomo a uppt
	U		As progressing well Rom 0-790
3/12/06	\rightarrow		1: agust of Parice Compstrengthening
			8+ Curcilled - No ride Pac 10 millet
MQ. 1 2	3 4 5 6 7 8	9 10	11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
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05/03/2006 11/15/1953 Q MQ2 QQ 9577 AAKO, RONY Y MO SHIFFLETT MICHAFI

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SHIFFLETT . MICHAEL W NO

SIP() TKA Post of neural pain IT-band

Precautions			
DATE	TREATMENT GIVEN	PAIN (0-10)	ASSESSMENT, OBJECTIVES MET, PLANS
12306	Therex	18/W	5: Pt reports the heard a " pop" in her
3units		(R) Kre	() the while kneeling on it to get in to
45 mm	17/24		bed it reports of pain and I stubility
			1): derformed it larger assessment (c)
			knde I for mcc, ich no apparent laxity
			of his comptre sound at terminal kneed
			on (C). Of recommended Pt Call Dr Shi Allet
			to inform of (R) knee discombert and
			try resprene brace to assist & Stability
			pertorned () knee yercises in supite
			H. pronly able to tole rate 7 min on
		 	t: 1 ministry dear (6) of I debile man
		 	of the state of th
· · · · · · · · · · · · · · · · · · ·		 	P. 1-1 P. 1-1 P. 1-10 Services
4/21/06	Therew	2/112	5: It waste sty has not sent a la a way
11:00	100, 100	Exnee	12 July 3 Sur 1913 (10) (del Cattle VIC)
45min	1924	810	continued interpretent puin and instability
Brunk		18 me	in @ knee.
		P	D: Therex per arich manual registed
			qued otrenethenile and humatring strenethening
			Bicycli tom activities i end caree
			stretening (D) knee com 0°-103° in supin
		 	to Pt is whing progress toward long telephones
4/30/06	8		P: Cont P.T. Fat 10 met (8)
7/10	Theres	4/10	Sipt Missed lest week 70 mollar
35.1	There is a second	1110	died suldenly
45 min	<u> </u>	 	A. M. Salara and A. Salara an
	19129	\vdash	recombant stationary onke forward Bland
		1	i wanual swetching undit was sont
			end range shattle 3x 15 at 5 pands
			for 5L and 10 bands for double led
			14 24 stairs E ceciorocal stros
			A continues & W lateral whip in sait,
			And low 00-1060 See progress note
-lation		 	P: Conf fil
314/19	Therex	3/10	5: "I am beling better today
15 min	20/14		Ditherex similar to treatment 7/11/06
(3 /rury	701774	ļ	A: PT Continues to improve a fued strength
		<u> </u>	and endurance, reeds to have 120 oftenon
		 	A: pt Continues to improve & quad struct and indurance needs to have 120 offerion prito to it knie sturgery
	 	 _	P. CON- G.I. Just Jo Mutter
MO. 1 2	3 4 5 6 7 8	9 10	11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
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GH02009577 KAKO-RONY Y HD SHIFFLETT, HICHAEL W NO

Queen of the Valley Hospital ST. JOSEPH CE/VED

PHYSICAL THERAPY TREATMENT RECORD OCT 8 1 2006

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Queen of the Valley Hospital

1000 TRANCAS ST., PO BCIK 2540, NAPA, CALIFORNIA 94568

PHYSICAL THERAPY TREATMENT RECORD SCIOSEPH 1 2006

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Queen of the Valley Hospital

Rehabilitation S	Services Summary
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Remarkation Services Summary		Rehab Services Dept.
		1000 Trancas Street Napa, CA 94558
Date: 8 8 06		, , , , , , , , , , , , , , , , , , ,
To: Dr Shiftleff		· .
From: Pat Mattox P.T.		
Re: Patricia Broyles		-
Type of Report:	☐ Monthly Summary	A Discharge
DOB: 11 15 1953		
Medical Records: OV 5323227		
Initial Evaluation Date: 4/29/06	•	
Number of Treatments: 26		
Missed Appointments:		
Cancelled Appointments: 4		
Diagnosis: 3 (P TKA		
Treatment Plan: W/A		
Subjective Comments: // / A		
Objective: Findings/Goals:	Date: 4/29/06	Date: 8/8/06
O knee Rom 90	-740	00-1080
(1) (nee strengt 4/9		5/5
quit a axillary crutches mos	(1) gait & devi	$C_{\mathcal{C}}(\overline{\mathcal{T}})$
0		
Updated Goals:		
Exercise Program: It given home	exercises and en	rounced
to use recombent bike at	hom o	33.300
Assessment: Pt has made and	<u> </u>	
achieved all P.T. goals lege		0 AF 1200
It will benefit from use of		720.
to progress une flexion.	12011212 012 3 76	Tru
The state of the s	-	
Recommendations: Discharge P.T.		
		i

Thank-you for this referral!

Sincerely, Pat Matt (P.T

A Ministry of the Sisters of St. Joseph of Change

TREATMENT PLAN	OF SERVICES-OVE 707-257-4188 T-817 P.802/005 F-288 Queen of the Valley Hospital RP
GRANCH GRANCH GRANCH GRANCH	PHYSICAL THERAPY/OCCUPATIONAL THERAPY DEPARTMENT By Medical Proposition Only Herap Browles Patricia Diegrams 3 10 T K.A. ROST OF Neurolgia IIB Deta of Crest 1206 Special instructions/Processions Continue 40 pash flexion
TREATMENT GOALS & CHS TERM) BY HAMMANDER BY SCHOOLS PASCHENAL TRIPLE SOMES, TOM, MANUS, INCHORN, MANUS, Reing Sany-Macching MANUSCHING, MANUSCHING, Department Proposation) DEPARTMENT HOMESTANDER DEPARTMENT OF THE STANDARD CONTROL CHEST AND FROM HOMESTANDER CHEST AND AND HOMESTANDER CHEST	Walter Vermer 4 Minutes Minute

RECEIVED

OCT 9 1 2006

Employee Collons - LTD

Queen of the Valley Hospital

Rehabilitation Services
1000 Trancas St.
Napa, CA 94558
(707) 257-4089 phone
(707) 257-4188 fax

Date: 7/11/06

To: Dr Shifflelt From: Pat mattex P. T

Regarding: Patricia Broyles

Diagnosis: 5 P (TKA

DOB: 11 (15 (1953) Missed appointments: 2

Procedures:

| Joint mob D'STM | MFR | Gait training | Mobility training

Modalities: ☐ Moist Heat ☐ Ice ☐ Ultrasound ÆE-Stim ☐ Iontophoresis ☐ Other

	Date: 4/2/04	Date: 7/11/06
Pain	7/10	4/10
ROM	30-1000	D=1010
Flexibility	NIA	A (/A
Strength	4+15 (4) Knee Flex lext	515 (Dknuflex lext
Gait	5500 = c + + 1 + 1 + +	Cha Contractick lext

Assessment: progressing toward goals

Progress towards goals: Achieved STGS. Has not achieved form and gait goals

Recommendation: Cont P.T to progress Rom and gait to level recommended

Thank you for the opportunity to assist you with the care of your patients. Please do not hesitate to contact me if you have questions or suggestions regarding the physical therapy program.

Sincerely, Patricia Mattex P.T

FAXED

OCT 9 1 20

A Ministry of the Sistems of St. Joseph

- Illhoyee senents - LT

NAPA VALLEY PHYSICAL THERAPY

.MICHAELW. BHIFFLETT, M.D.

1f00 Trances; STB 250

Napa, CA 94558 Tel: 707-254-7117 Fax: 707-268-6435

Napa Valley Orthopaedic

Broyles, Patricia A.

Patient Name:

(707)252-9258

Tolephone: Dingnosisi

المستخدم المناز المان المناز ا		 -	•
ROM/EXTRCISES	LIMITS		
passive passive suping forward flexion passive external rotation passive internal rotation cetive assisted active all ROM no limits		qsitus qeitus qeitus qritus qritus	
encepting conditioning conditioning therabands for percental strengthening therabands for percental strengthening tenden glides guit testaing	TIMES A WEEK FOR 41	D LIKE HER TO BE SEEN WEEKS	MORE OFTEN -
PRN at discretion of PT/OT Electrical stimulation Unitorphoresis Pionophoresis Ultraround	Massage Eduration control crease Aquation therapy BAPS Board Propriousprive training	•	
SAD/DCE To Retain Coff repair (small/medium) Ad Retain Coff repair (small/medium) Coff remair (large/massive) Coff	nce replacement Colored toplacement Colored toplacement Colored toplacement Colored toplacement	Patellofement program Low back program pelvic filts Williams flexion exercises	
Number of visits per weak 1 2 3 4 5 Number of weeks 1 2 3 4 5 I certify that physical and/or occupational therapy	is medically accessary in th	e treatment of this condition	n.
If the patient has only a highest number of thempy adjust the number of visits for wack to match the Physician streams	desired length of tresument (autopet of meeks).	`
MICHAEL W. SHIFFLETT, M.	D	OCT :	EIVED 8 1 2006

Queen 6. the Valley Hospital

Rehabilitation Services Summary

Rehab Services Dept. 1000 Trancas Street

		Napa, CA 94558
To: Dr Shifflett	From: Pat Mattox P.T.	DATE: 6/2/06
Re: Brogles, Patricia	DOB: (1/15-/1953)	Med Rec #: Q V5323227
Type of Report: Progress	☐ Monthly Summary	☐ Discharge
Missed Appointments: レノノナ	Cancelled Appointments	: 2
Initial Evaluation Date: 4/29/0	Number of treatments to	date: /O
Diagnosis: LTKA		
Treatment Plan: Current	Updated	☐ Final
Therapeutic exerci	se Rom, strens	thening manual
Therapy		31
	· ·	
Frequency: 2/Welle	Duration: 2 week	-5
Subjective: Pt Clo 3fift	ness and pain (a)	Ence, Also C/O
pain in (h) ce tro	m Sciatica	
Objective: Findings/changes:	Date: 5/5/06 to	Date: 2/06
Dknee flexion 4+15	(D) G	Les Plexion 5/5
(Dknie extension 41/5	(D) Va	ree extension 5/5
1 lines por -5-80/	•	u Rom 3°-1000/ finited
Assessment of progress toward goals		
Pt is improving :	3lowly. Pt has;	iniproved strength
area ROW IT ha	-S prograssed to	limited Community
gait without assis	tive clevice	
0		
Goals: Current	□Updated	OFinal
ROM 00-1200		
quit o dulice à su	mentrical gait P	attern at
Compunity livel	Tringer, es govern	and the same
Potential to achieve treatment goals:	good	
Recommendations: Continue	P.T x Zweeks	and Dogwess
to independent	efercise progr	iam
Thank-you for this referral! (Your sig		v with MediCare standards)
Sincerely, O	and and an or country	REO.
Therapist: Vat D Mill	Physician:	"EVEIVED
Please fax signed summary to (707) 257-	Physician:	RECEIVED OCT # 1 2006
5 5 mm=1, to (, 5), 2		A Ministre Miller you
ASTAFFING OFFICEIDeb/DEBS/Larry REHABILI.doc		A Ministry Willeying Hamerits - LTD

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Page 110 of 118

P.002/002

Rehabilitation Services Summary

707-257-4188

MBT (18 11 12 MIN)

Rehab Services Dept.

To: De-	Shifflett	Te				Napa, CA 94558
Re Q	600 1 B	Prom:	Pat ma	HOXP.T.	DATE: 5	19/06
Type of R	tricia Boyles eport: O Progress		11 15 10	153	Med Rec#: @	V 5323227
		O Mo	othly Summary		☐ Discha	age
T-44-1 T	ppointments;		Cancelled A	ppointments:		
THIRD EAS	eluation Date: 4129	06		reatments to		
Diagnosts:	SPOTKA					
Treatment	Plan: A Current	□ Upda	ned		O Final	
ROW	}				O Final	
Stren	straning I ho	/-	. 1: 1			
Suit	training I hon	re reze	reise pr	ofram		
Frequency	3times/week		Demod			
Subjective:	Per 5/5/06		Duration:	tweeks		
00:1	3/5/06	PF M	ports b	eing he	exty out	of
Ohiamin	medication	<u> </u>			Į.	
	Findings/changes:	Dat	e: 4/29/0	6 to	Date: 5/5	-101
(4) Kree	flexion 4/5		(12) KI	nee flexi	and 14-/s-	106
(6) Knee	ectinsian 4/5		1(D) K	100 0000	2-17 Dela-	
Dknee	COM 9°-74°/a of progress toward goals	aitia	villana non	Weller Die	10 14 13 DOC - 5	500/001/2
Assessment	of progress toward goal	1:	The Tay Care	and Op	ree 12010 - 3	-80°/3348
Pt. is	processing		-			
Pt she	91.75	West.	' = ED	bred 5	nength a	nd Rom
Pin 1	progressing ous improved	-a gai	F & SPC	- c syn	nnetrical	guit pattern
IT. DIM	ws improved	Come	diance u	with hen	me essero.	7 22
Goals:						
	□Current □		Updated		OFinal	
4) Kne	e Rom 0-12	200	*			
12 Km e	e Strenith Cla	V/041	5/5			
sait r	La device E :	5142 10		10.15.0		
Jeann	runity leve	1 Jan 1	VIVICAX	ger-	atierna	<u> </u>
Potential to a	chieve treatment goals:	O NO.	011			
Recommenda	itions: On a to	~ <u>~~</u>	cent.			
	COVITINU	Y.T.	per o	rigina	1 prescr	Ption
	•		'		7	

Thank-you for this referral! (Your signature below will help us to comply with MediCare standards)

Sincerely,

Please fax signed summary to (707) 257-4188

A Ministry of the Sistems of St. Joseph

GISTATTING OFFICE DEBUTE REHABILLIAN

ST. JOSEPH

Rehabilitation Services Sugarary



Rehab Services Dept. 1000 Trancas Street Napa, CA 94558

To: Dr ShiffleH	From: Pat Mattox P.T.	DATE: 5 9/06
Re: Patricia Boyles	DOB: 11 15 1953	Med Rec #: Q V 5323227
Type of Report: Progress	☐ Monthly Summary	☐ Discharge
Missed Appointments:	Cancelled Appointments:	Ø
Initial Evaluation Date: 4/29 (Number of treatments to	date: 4
Diagnosis: SPOTKA		·
	,	
Treatment Plan: Current	☐ Updated	☐ Final
Rom		
Strengthening I hon	re efercise program	
guit training		•
Frequency: 3 times/week		
Subjective: Per 5/5/06	pt reports being n	early out of
pain midiculion	-5	
Objective: Findings/changes:	Date: 4/29/06 to	Date: 5-/5-/06
(When flexion 4/5)	10 knee flex	ion 41/5.
CO Winds and was chile	Way Low	4500 41/5
Dknee Rom 90-740/	gait & axillary crutches (5)	knee 20m - 5-80°/935€
Assessment of progress toward goa	ls:	
Pt. is progressing	well & improved	strength and Rom Immetrical guit putern
It shows improv	ed quit & SPC & Si	muetrical guit putern
Rt Showis 's by Draige	& compliance with 1	19me 1 Leccises
11. Show 3 (Inproved	2 Compliance for the	
Goals: Current	□Updated	O Final
Oknee Rom 0-1	200	·
(Dunce Strength &	lex/ext 5/5	
Gait no Aurice &	Symmetrical guit	Putternat
Terminity lev	el 0	
Potential to achieve treatment goal	s: excellent	·
Recommendations: Continu		ral prescription
	a in par only	- Frederick Control
L		

Thank-you for this referral! (Your signature below will help us to comply with MediCare standards)

Sincerely,

Therapist:

Physician:

Physician:

Physician:

Physician:

OCT 3.4. Lary Office Sisters of St. Joseph

Employee Building office Complete Standards)

IR	EATMENT PLAN
	ny check and/or circle Thu likiton
ď	MODALITIES (Memial, electrical as indicated)
Ø	MANUAL THERAPY TECHNOLOGS
	MOBILITY TRAINING (INCLUDES GEREIGES THEORY) NEUROMOUSCILAR RE-EDUCATION VESTIBLE-APPERFACINGENTAL REPUBBLES
ō	NEURONUSCULAR RE-EDUCATION
П	
	Pachitation, Al-Education & Training Therapelitic Expanse
	WOEND/SKIN CARE /
000000	TANAGAMAN CAGA
ŏ	PEUIC PLOCPARICUITINEME REMAIL PROGRAM
	EDUCATION/TRADIDIST FOR PATIENT/CAPEGIVERS
	ACTIVITIES OF DAILY LIVERS TRANSPORT
	SPLBIT/DRITHOTIC FABRICATION
	OTHER
R	EATMENT GOALS (LONG TERM)
	PAIN MANAGEMENT
O	
	Mobility, Sudurance, Balance, Safety, Besty Mechanics
_	Repropueration, Verificials, Developmental Progression)
	MERCUED WILLIAM STATUS
ä	NIPROVED LYMPHEDEMA/EDIMA CONTROL ADER HOME PROGRAM
-	MILET, INJUST ITEMPORA

Queen of the Valley Hospi	tal 🗱		
THE TRANSACTOR TO SOME SHALLOWING COLUMNIA SEEDS	OSEPH THERESIS 257-408	9 Fex 257-4168	
PHYSICAL THERAPY/OCCUPA By Medical Prescription Only	TIONAL THERAF	Y DEPARTMEN	
	(P-1.	_ Oate	APR 2 6 2006
Name Stayles	Jakre	ua	
Diagnosis	SAC	Z) TK	(8)
	7		
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Special instructions/Precautions	yal 4	creat	
	V /	7.	
SXW	1 th	<u> </u>	
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OCT 3 1 2006

Employee Benefits - LTD

TREATMENT PLAN Please check end/or circle SWALLANON MODALTIES (therms), electrical as indicated) MANIAL THERAPY TECHNIQUES MOBILITY TRANSING (includes Balance Training) PALIFORMUSCULAR RE-EDUCATION WESTIBLIA-PROPELOPMENTAL SEQUENCE FACILITATION, RE-EDUCATION & TRANSING THERAPEUTC EXERCISE WOUND/SKIN CARE LYMPHEDEMA/EDEMA MANAGEMENT PELMC FLOOR/INCONTINENCE REHAB, PROGRAM EDUCATION/TRANSING FOR PATIENT/CARREGINERS ACTIVITIES OF DAILY LIVING TRANSING SPUNT/ORTHOTIC FABRICATION OTHER	Oueen of the Valley Hospital ST JOSEPH 257-4089 Fax 257-4188 PHYSICAL THERAPY DEPARTMENT By Medical Prescription Unity Name Broyles Patricia Diagnosis SIP DIKA Date 01 Onset 41206 Special Instructions/Precautions Whele Pain
TREATMENT GOALS (LONG TERM) PAIN MANAGEMENT INCREASED FUNCTIONAL STATUS (Strength, ROM,	
Mobility, Endurance, Batance, Safety, Body Machapter- Nauromuscular, Vestibular, Overdopmental Progression IMPROVED WOUNDYSKIN STATUS IMPROVED LYMPHEDEMA/EDEMA CONTROL INDEX MOME PROGRAM PRESENATION AMPROVEMENT OF JUNT & SUFT TISSUE INTEGERTY OTHER	DV. Shiffleshiplayee shilling = LTD

TREATMENT PLAN Please check and/or circle	een of the Valley Hospital
- EVALUATE AND TREAT	ST JOSEPH 1884 TRANSPORTED THE MAIN CALLEDONIA MAIN STATEM 257-4089 Fax 257-4188
BODY MECHANICS/ERGONOMIC ASSESSMENT AND TRAINING	PHYSICAL THERAPY/OCCUPATIONAL THERAPY DEPARTMENT
☐ PRE-EMPLOYMENT TESTING	By Medical Prescription Only
☐ WORK INJURY REHABILITATION ☐ CRYOTHERAPY	
Ice, Vapocoolant Spray	Date 0 06
□ HEAT	Name far males
Hot Packs, Paraffin	Diagnosis S/N TKA; not on almalka hTB
ELECTROTHERAPY	magness - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TNS, Electrical Stimulation TRACTION	Date Of Onset 4-12-06
TRACTION . Provice Cervices	Special Instructions/Precautions and TNS (2)
□ SOFT TISSUE MOBILIZATION	
THERAPEUTIC EXERCISE	Cy. Court D such flerion
Active, Passive, Resistive, Mobilization, Home Ex. Program	
MOBILITY TRAINING	A
Transfers, Gait, W/C WHIRLPOOL/WOUND CARE	Visits per month
C EDEMA, LYMPHEDEMA	MANIA ADVECT 115
Control Program	M.D.
PELVIC FLOOR REHAB, PROGRAM	7770-064 (11/01)

Page 114 of 118

QUEEN OF THE MALLEY HOSPITAL
Napa Vall (lical Center
A Sisters of St. Jos. Jf Orange Corporation

ADMISSION/SERVICE DATE:

09/08/2006



TIME: 1419

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	T NAME/ADDRESS PATRICIA ANN TA CT	ACCOUNT		ROOH/BED	TYPE REG RCR	ADHIT SOURCE	LOC/SVC QPHY		RECORD NUMBER				
NAPA, CA ! PHONE SSN		DOB 11/	15/1953 SEX F	MAR STAT	VIP	RELIGION NOA	LANGUAGE	RACE W	ER CHART#				
	OR NAME/ADDRESS PATRICIA ANN TA CT 94558 (707)252-9258 SHIP SP	BROYLES 3321 AN NAPA.CA RELATIO HOME PH WORK PH DO YOU H DESIGNAT SURROGAT LOCATION LAST HOS	ROY ITA CT 94558 NSHIP HU ONE (70 ONE (70 AVE AN ADN ED SURROG E'S PHONE: /COMMENT: PITALIZATI	07)252-9258 07)226-3320 VANCED HEALTH ATE: BROYLES,F : (707)252-925	ROY 58	PERSON TO NOTIFY/ADDRESS ŁAVOIE.LORRAINE AMERICAN CANYON.CA 94558 RELATIONSHIP MO HOME PHONE (707)642-5677 WORK PHONE DIRECTIVE? NO							
PHONE		OTHER HO DATES: F	SPITAL:	THRU	777 207 2000		ADMISSION F						
IPC-1	Insurance name		POLIC	CY NUMBER	GROUP I	GROUP NUMBER AUTHORIZATION NUMBER							
837Q	BLUE CROSS PRUDENT E PO BOX 60007 LOS ANGELES CA	SUYER 90060	XDX47	75A62834	PE2400		Case Mgr Name:						
	PHONE (800)627-87						:: ::						
FC1 B	INSURED NAME BROYL	ES.PATRICI	A ANN		RELATIONSHIP TO PATIENT SP								
1PC · 2	INSURANCE NAME		POLIC	CY NUMBER	GROUP E	NUMBER		AUTHORIZATION NUMBER					
	PHONE						Case Mgr Name Phone						
	INSURED NAME				RELA	RELATIONSHIP TO PATIENT							
ACCIDENT HOW	DATE	TIME			KAKO	MARY CARE PHYS),RONY Y MD (TTING PHYSIC)		(707)257	-1550				
COMMENT	R VISIT S/P L TKA				SHIF FAM1	ENDING PHYSICI FLETT MICHAEL		(707)254	-7117				
DISCHARGE	DATE DIS	SCHARGE TIM	Ē			RONY Y MD		(707)257	-1550				

0x: Treating 5 POTKA Onset: 5x 4/12/06 Adm. Date: 9/8/09
Offiser. Offiser. Offiser. Date: 1101-7
Precautions/Limitations: Cancel prin
Subjective: Pt is a 52 y.O. female SIP (DTKA PMHx: Post. tibialis tendon rupture : tendon transfer and calcancal obtectomy, significant valgues deformity (B) knees, HTN
PLOF: Mod Di Crutches Adapt Equipment Crutches SPC Environment Barriers Z Strict Support People/Resources Husband Other: hus exercise bicycle (has not used it yet) OBJECTIVE:
Cognition: Atox4, ft reports pain in Wankle pain does not increase & wins. Reports minimal prisin in Knee posses (1)
strength (D) knee 00-1030 Strength (D) lique 4+/5 une extension Gait & dwia x 500' \(\bar{z}\) antulgie putter On (D) \(\bar{z}\) step einsth Pain Scale: (0-10) Comments: 81:0 \(\bar{z}\) antule 21:0 \(\bar{z}\) length
guit & divia x 500' à antulgie puttin Pain Scale: (0-10) Comments: 8/10 C ankle. 2/18 C lence
Pt reports she has not done any regular
discharged by P.T. on 8/8/06. P.T discussed =
TO THE THE COURT OF THE PARTY AND THE PROPERTY OF THE PARTY OF THE PAR
now and tunersom entangement
ASSESSMENT (PROBLEM LIST): Walk a block.
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+ Endurance For Funct. Mob. Other & Rom © Pricrease Strangth © Knee
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Eval/Reassessment Safety Training Safety Tra
□ Neuromuscular Re-Education □ Pt/Caregiver Education/Training □ Balance Training □ Wound Care □ Wheelchair Mgmt □ Other □ Other □ Other □ Pt/Caregiver Education/Training □ Wound Care □ Print Name □ Pt/Caregiver Education/Training □ Wound Care □ Pt/Caregiver Education/Training □ Wound Care □ Other □ Other
requency: 2X Well buration: 4 weeks See m. Dorders ————————————————————————————————————
Print Name Physician Signature Date © V 0 0 0 5 3 8 1 5 6 0 0 9 / 0 8 / 200 €
Queen of the Valley Hospital
AGE 52 F MOA RCR STJOSEPH HEALTH SYSTEM
REHABILITATION SERVICES DEPARTMENT PHYSICAL THERAPY EVALUATION Page 1 of 2

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Queen of the Valley Hospital

Rehabilitation Services Summary

Rehab Services Dept. 1000 Trancas Street

		Napa, CA 94558
Date: 10 / 4/06		
To: Dr. Sh. ff lett		
From: Allan Tucci P.T		
Re: Patricia Broyles		
Type of Report: 45 Progress	→ Monthly Summary	 Discharge
DOB: 4/15/06		
Medical Records:		
Initial Evaluation Date: 1/12/06		
Number of Treatments: 7 +x 1 ew	al	
Missed Appointments:		
Cancelled Appointments:		
Diagnosis: SIN DTUR, Istre	with DLE, I som	
Treatment Plan: P.T. 2xuk Au	0	around thenough
modelities am , sait	trann	
Subjective Comments: 1 + reports	damp weather has 1'd	stiffness
Objective: Findings/Goals:	Date: 10/4/06	'Date:
D Knee ROM 0° -> 93° // Good 106	1 Rom to 110°	Fleren
DLE strength 4+15 painful festion		Ph 4+1× money
Il break pumper treating		i testing
frait Indep cantaly a pattern !!	lantalgia in just Guit	with open
Updated Goals: 1) Knee Rom to 12		an fourtely a
Evanoica Dragnama		
Exercise Program: 1) Therese for	quand struth LE Ples	16160
1 / Peter 101	l ,	16,19
2) Balance exercise 3) h.	ait training pro	1 1
2) Balance exercise 3 fr. Assessment: P+ has shown	ait training pro	1 1
2) Balance exercise 3) Fr. Assessment: P+ has shown	ait training pro	1 1
2) Balance exercise & fr. Assessment: P+ has shown last visit on 10/4 when	stendy garns us &	1 1
2) Balance exercise & fr. Assessment: P+ has shown last visit on 10/4 when	stendy garns us &	1 1
2) Balance exercise & fr. Assessment: P+ has shown last visit on 10/4 when	stendy garns us &	10

RECEIVED

Thank-you for this referral!

OCT 3 1 2006

Sincerely,

Employee Banana பி

allan Tues P.T.

of Orange